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| Fill in this information to identify your case: |                               |                                   |
|-------------------------------------------------|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the:         |                               |                                   |
| NORTHERN DISTRICT OF ILLINOIS                   |                               |                                   |
| Case number (if known)                          | Chapter you are filing under: |                                   |
|                                                 | ☐ Chapter 7                   |                                   |
|                                                 | ☐ Chapter 11                  |                                   |
|                                                 | ☐ Chapter 12                  |                                   |
|                                                 | ■ Chapter 13                  | ☐ Check if this an amended filing |

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | t 1: Identify Yourself                                                                                                           |                                          |            |                                       |
|-----|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------|---------------------------------------|
|     |                                                                                                                                  | About Debtor 1:                          | About Dek  | otor 2 (Spouse Only in a Joint Case): |
| 1.  | Your full name                                                                                                                   |                                          |            |                                       |
|     | Write the name that is on                                                                                                        | Stephen                                  |            |                                       |
|     | your government-issued picture identification (for example, your driver's                                                        | First name                               | First name |                                       |
|     | license or passport).                                                                                                            | Middle name                              | Middle nan | ne                                    |
|     | Bring your picture                                                                                                               | Foglio                                   |            |                                       |
|     | identification to your meeting with the trustee.                                                                                 | Last name and Suffix (Sr., Jr., II, III) | Last name  | and Suffix (Sr., Jr., II, III)        |
|     |                                                                                                                                  |                                          |            |                                       |
| 2.  | All other names you have<br>used in the last 8 years                                                                             | 1                                        |            |                                       |
|     | Include your married or maiden names.                                                                                            |                                          |            |                                       |
| 3.  | Only the last 4 digits of<br>your Social Security<br>number or federal<br>Individual Taxpayer<br>Identification number<br>(ITIN) | xxx-xx-3378                              |            |                                       |

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Case number (if known)

Debtor 1 Stephen Foglio

About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Any business names and **Employer Identification** Numbers (EIN) you have I have not used any business name or EINs. ☐ I have not used any business name or EINs. used in the last 8 years Business name(s) Business name(s) Include trade names and doing business as names EINs EINs Where you live If Debtor 2 lives at a different address: 0N 654 Essex Ln. Winfield, IL 60190 Number, Street, City, State & ZIP Code Number, Street, City, State & ZIP Code **DuPage** County County If your mailing address is different from the one If Debtor 2's mailing address is different from yours, fill it above, fill it in here. Note that the court will send any in here. Note that the court will send any notices to this notices to you at this mailing address. mailing address. Number, P.O. Box, Street, City, State & ZIP Code Number, P.O. Box, Street, City, State & ZIP Code Why you are choosing Check one: Check one: this district to file for bankruptcy Over the last 180 days before filing this petition, I Over the last 180 days before filing this petition, have lived in this district longer than in any other I have lived in this district longer than in any district. other district. I have another reason. I have another reason. Explain. (See 28 U.S.C. § 1408.) Explain. (See 28 U.S.C. § 1408.)

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Case number (if known) Debtor 1 Stephen Foglio

| ar  | 2: Tell the Court About                                                               | Your E      | 3ankruptcy Ca                       | ise                                        |                                                                        |                                                                                                                                                                    |          |
|-----|---------------------------------------------------------------------------------------|-------------|-------------------------------------|--------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 7.  | The chapter of the Bankruptcy Code you are                                            |             | ck one. (For a b<br>n 2010)). Also, | orief description of go to the top of      | of each, see <i>Notice Required by</i> page 1 and check the appropriat | 11 U.S.C. § 342(b) for Individuals Filing for Bankı<br>e box.                                                                                                      | ruptcy   |
|     | choosing to file under                                                                | ☐ Chapter 7 |                                     |                                            |                                                                        |                                                                                                                                                                    |          |
|     |                                                                                       |             | Chapter 11                          |                                            |                                                                        |                                                                                                                                                                    |          |
|     |                                                                                       |             | Chapter 12                          |                                            |                                                                        |                                                                                                                                                                    |          |
|     |                                                                                       | <b>E</b> 0  | Chapter 13                          |                                            |                                                                        |                                                                                                                                                                    |          |
|     |                                                                                       |             |                                     |                                            |                                                                        |                                                                                                                                                                    |          |
| 3.  | How you will pay the fee                                                              |             | about how yo                        | ou may pay. Typio<br>attorney is subm      | cally, if you are paying the fee yo                                    | k with the clerk's office in your local court for mor<br>ourself, you may pay with cash, cashier's check, c<br>alf, your attorney may pay with a credit card or ch | or money |
|     |                                                                                       |             |                                     |                                            | allments. If you choose this option (Official Form 103A).              | on, sign and attach the Application for Individuals                                                                                                                | to Pay   |
|     |                                                                                       |             | I request tha                       | nt my fee be wai                           | ved (You may request this optio                                        | n only if you are filing for Chapter 7. By law, a jud                                                                                                              | ge may,  |
|     |                                                                                       |             |                                     |                                            |                                                                        | our income is less than 150% of the official poverty<br>in installments). If you choose this option, you must                                                      |          |
|     |                                                                                       |             |                                     |                                            |                                                                        | cial Form 103B) and file it with your petition.                                                                                                                    |          |
|     |                                                                                       |             |                                     |                                            |                                                                        |                                                                                                                                                                    |          |
| Э.  | Have you filed for bankruptcy within the                                              | ■ N         | 0.                                  |                                            |                                                                        |                                                                                                                                                                    |          |
|     | last 8 years?                                                                         | □ Y         | es.                                 |                                            |                                                                        |                                                                                                                                                                    |          |
|     |                                                                                       |             | District                            |                                            | When                                                                   | Case number                                                                                                                                                        |          |
|     |                                                                                       |             | District                            |                                            | When                                                                   | Case number                                                                                                                                                        |          |
|     |                                                                                       |             | District                            |                                            | When                                                                   | Case number                                                                                                                                                        |          |
|     |                                                                                       |             |                                     |                                            |                                                                        |                                                                                                                                                                    |          |
| 10. | Are any bankruptcy cases pending or being                                             | ■ N         | 0                                   |                                            |                                                                        |                                                                                                                                                                    |          |
|     | filed by a spouse who is                                                              | □ Y         | es.                                 |                                            |                                                                        |                                                                                                                                                                    |          |
|     | not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? |             |                                     |                                            |                                                                        |                                                                                                                                                                    |          |
|     |                                                                                       |             | Debtor                              |                                            |                                                                        | Relationship to you                                                                                                                                                |          |
|     |                                                                                       |             | District                            |                                            | When                                                                   | Case number, if known                                                                                                                                              |          |
|     |                                                                                       |             | Debtor                              |                                            |                                                                        | Relationship to you                                                                                                                                                |          |
|     |                                                                                       |             | District                            |                                            | When                                                                   | Case number, if known                                                                                                                                              |          |
|     |                                                                                       |             |                                     |                                            |                                                                        |                                                                                                                                                                    |          |
| 11. | Do you rent your residence?                                                           | ■ N         | o. Go to I                          | ine 12.                                    |                                                                        |                                                                                                                                                                    |          |
|     | residence:                                                                            | □ Y         | es. Has yo                          | our landlord obtai                         | ned an eviction judgment agains                                        | t you and do you want to stay in your residence?                                                                                                                   |          |
|     |                                                                                       |             |                                     | No. Go to line 1                           | 2.                                                                     |                                                                                                                                                                    |          |
|     |                                                                                       |             |                                     | Yes. Fill out <i>Init</i> bankruptcy petit |                                                                        | Judgment Against You (Form 101A) and file it wit                                                                                                                   | h this   |
|     |                                                                                       |             |                                     |                                            |                                                                        |                                                                                                                                                                    |          |

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Document Page 4 of 65 Case number (if known) Debtor 1 Stephen Foglio Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of **Bankruptcy Code and are** operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy ☐ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any No. property that poses or is ☐ Yes. alleged to pose a threat of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs needed, why is it needed? immediate attention? For example, do you own

Number, Street, City, State & Zip Code

Where is the property?

perishable goods, or livestock that must be fed,

or a building that needs urgent repairs?

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Debtor 1 Stephen Foglio

Part 5:

-

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

Explain Your Efforts to Receive a Briefing About Credit Counseling

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

Case number (if known)

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|------------------------------------------------------|
| counseling because of:                               |

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Case number (if known) Debtor 1 Stephen Foglio Part 6: **Answer These Questions for Reporting Purposes** Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an 16. What kind of debts do 16a. individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ■ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses ☐ Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses □ No are paid that funds will ☐ Yes be available for distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5**0,001-100,000 **5001-10,000** □ 50-99 owe? **1**0,001-25,000 ☐ More than 100,000 □ 100-199 □ 200-999 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million 20. How much do you **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Stephen Foglio Signature of Debtor 2 Stephen Foglio Signature of Debtor 1 Executed on August 30, 2017 Executed on MM / DD / YYYY MM / DD / YYYY

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Debtor 1 Stephen Foglio Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ David (     | Gallagher                | Date          | August 30, 2017           |
|-----------------|--------------------------|---------------|---------------------------|
| Signature of    | f Attorney for Debtor    |               | MM / DD / YYYY            |
| David Gal       | laghor                   |               |                           |
| Printed name    | lagilei                  |               |                           |
| Upright La      | aw LLC                   |               |                           |
| Firm name       |                          |               |                           |
| 79 West N       | lonroe                   |               |                           |
| Fifith Floo     | or                       |               |                           |
| Chicago, I      | IL 60603                 |               |                           |
| Number, Street, | , City, State & ZIP Code |               |                           |
| Contact phone   | 312-546-4264             | Email address | dgallagher@uprightlaw.com |
| 6295024         |                          |               |                           |
| Bar number & S  | State                    |               |                           |

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|---------------------|--------------------------|-------------------------|--------------|
| Fill in this infor  | mation to identify your  | case:                   |              |
| Debtor 1            | Stephen Foglio           |                         |              |
|                     | First Name               | Middle Name             | Last Name    |
| Debtor 2            |                          |                         |              |
| (Spouse if, filing) | First Name               | Middle Name             | Last Name    |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT OF IL | LINOIS       |

☐ Check if this is an amended filing

## Official Form 106Sum

Case number (if known)

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| Pai | t 1: Summarize Your Assets                                                                                                                                                                                          |             |                           |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------|
|     |                                                                                                                                                                                                                     | Your a      | assets<br>of what you own |
| 1.  | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B                                                                                                                | \$          | 0.00                      |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B                                                                                                                                                        | \$          | 12,246.00                 |
|     | 1c. Copy line 63, Total of all property on Schedule A/B                                                                                                                                                             | \$          | 12,246.00                 |
| Pai | t 2: Summarize Your Liabilities                                                                                                                                                                                     |             |                           |
|     |                                                                                                                                                                                                                     |             | iabilities<br>nt you owe  |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D                  | \$          | 0.00                      |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                                             | \$          | 0.00                      |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F                                                                                                                   | \$          | 107,040.00                |
|     | Your total liabilities                                                                                                                                                                                              | \$          | 107,040.00                |
| Pai | t 3: Summarize Your Income and Expenses                                                                                                                                                                             |             |                           |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I                                                                                                           | \$          | 3,945.62                  |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J                                                                                                               | \$          | 3,780.16                  |
| Pai | t 4: Answer These Questions for Administrative and Statistical Records                                                                                                                                              |             |                           |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                                      | ur other sc | hedules.                  |
| 7.  | Yes What kind of debt do you have?                                                                                                                                                                                  |             |                           |
|     | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. | a personal  | , family, or              |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

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Case number (if known) Debtor 1 Stephen Foglio

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--------------------------------------------------------------------------------------------------------------|
|    | 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.                              |

5,469.17

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following:                                                                             | Total cla | im   |
|------------------------------------------------------------------------------------------------------------------------------|-----------|------|
| 9a. Domestic support obligations (Copy line 6a.)                                                                             | \$        | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)                                                    | \$        | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)                                          | \$        | 0.00 |
| 9d. Student loans. (Copy line 6f.)                                                                                           | \$        | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$        | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$       | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.                                                                                   | \$        | 0.00 |

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Page 10 of 65 Document Fill in this information to identify your case and this filing: Debtor 1 Stephen Foglio Middle Name First Name Last Name Debtor 2 Middle Name First Name Last Name (Spouse, if filing) United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. ☐ Yes. Where is the property? Part 2: Describe Your Vehicles Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Do not deduct secured claims or exemptions. Put Jeep Who has an interest in the property? Check one Make: 3 1 the amount of any secured claims on Schedule D: Cherokee Creditors Who Have Claims Secured by Property. Model: ■ Debtor 1 only 2014 Debtor 2 only Current value of the Current value of the 138.000 entire property? Approximate mileage: Debtor 1 and Debtor 2 only portion you own? Other information: ☐ At least one of the debtors and another Value According to KBB \$9,301.00 \$9,301.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No □ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$9,301.00 pages you have attached for Part 2. Write that number here.....=>

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own? Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

Official Form 106A/B Schedule A/B: Property

|                                                       | Case 17-26066                                                     | Doc 1              | Filed 08/30/17<br>Document | Page 11 of 65                            |            | Desc Main                      |
|-------------------------------------------------------|-------------------------------------------------------------------|--------------------|----------------------------|------------------------------------------|------------|--------------------------------|
| Debtor 1                                              | Stephen Foglio                                                    |                    |                            | Case number (                            | if known)  |                                |
| Yes.                                                  | Describe                                                          |                    |                            |                                          |            |                                |
|                                                       | Houest                                                            | nold Goods         | and Furnishings            |                                          |            | \$1,850.00                     |
|                                                       |                                                                   |                    |                            |                                          |            |                                |
| □ No                                                  |                                                                   |                    |                            | oment; computers, printers, scanners     | ; music co | ollections; electronic devices |
|                                                       | Used E                                                            | lectronics         |                            |                                          |            | \$300.00                       |
| Example                                               | oles of value es: Antiques and figurines; other collections, memo |                    |                            | oks, pictures, or other art objects; sta | mp, coin,  | or baseball card collections;  |
|                                                       | Guitar                                                            |                    |                            |                                          |            | \$100.00                       |
| 10. Firearn Examp ■ No □ Yes.  11. Clothes Examp □ No | oles: Pistols, rifles, shotgun:                                   |                    |                            |                                          |            |                                |
|                                                       | Necess                                                            | sary Wearin        | ng Apparel                 |                                          |            | \$450.00                       |
| ■ No □ Yes.  13. Non-far Examp □ No                   | oles: Everyday jewelry, cost                                      |                    | engagement rings, wed      | ding rings, heirloom jewelry, watches    | , gems, g  | old, silver                    |
|                                                       | Two Ca                                                            | ats                |                            |                                          |            | \$0.00                         |
| ■ No □ Yes.                                           | Give specific information                                         | <br>our entries fi | rom Part 3, including a    | ncluding any health aids you did n       | [          | \$2,700.00                     |

Official Form 106A/B

Schedule A/B: Property

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Case number (if known) Debtor 1 Stephen Foglio Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □ No Yes. Cash on hand at time of \$5.00 filing 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: Yes..... **Chase Bank Account** \$125.00 Jointly with Mother Checking \$115.00 Chase Bank Account 17.2. Checking 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No ☐ Yes..... Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. No ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Type of account: Institution name: **Pension Printer's Union** Unknown 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

Official Form 106A/B Schedule A/B: Property page 3

No

Case 17-26066 Filed 08/30/17 Entered 08/30/17 15:17:26 Document Page 13 of 65 Debtor 1 Case number (if known) Stephen Foglio Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ■ No ☐ Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim.......

Doc 1

Desc Main

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Official Form 106A/B Schedule A/B: Property page 5

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$12,246.00

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|                     |                          | Ducume            | III FAUE 13 UI US |                    |    |
|---------------------|--------------------------|-------------------|-------------------|--------------------|----|
| Fill in this infor  | mation to identify your  | case:             |                   |                    |    |
| Debtor 1            | Stephen Foglio           |                   |                   |                    |    |
|                     | First Name               | Middle Name       | Last Name         |                    |    |
| Debtor 2            |                          |                   |                   |                    |    |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name         |                    |    |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS       |                    |    |
| Case number         |                          |                   |                   |                    |    |
| (if known)          |                          |                   |                   | ☐ Check if this is | an |
|                     |                          |                   |                   | amended filing     |    |

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify the | Property You | Claim as | Exempt |
|---------|--------------|--------------|----------|--------|
|---------|--------------|--------------|----------|--------|

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the<br>portion you own | Am  | ount of the exemption you claim                                 | Specific laws that allow exemption |  |  |
|----------------------------------------------------------------------------------------|-----------------------------------------|-----|-----------------------------------------------------------------|------------------------------------|--|--|
|                                                                                        | Copy the value from<br>Schedule A/B     | Che |                                                                 |                                    |  |  |
| 2014 Jeep Cherokee 138,000 miles Value According to KBB                                | \$9,301.00                              |     | \$2,400.00                                                      | 735 ILCS 5/12-1001(c)              |  |  |
| Line from Schedule A/B: 3.1                                                            |                                         |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |
| 2014 Jeep Cherokee 138,000 miles<br>Value According to KBB                             | \$9,301.00                              |     | \$1,725.00                                                      | 735 ILCS 5/12-1001(b)              |  |  |
| Line from Schedule A/B: 3.1                                                            |                                         |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |
| Houeshold Goods and Furnishings Line from Schedule A/B: 6.1                            | \$1,850.00                              |     | \$1,850.00                                                      | 735 ILCS 5/12-1001(b)              |  |  |
| Line nom Schedule A.B. G. 1                                                            |                                         |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |
| Used Electronics Line from Schedule A/B: 7.1                                           | \$300.00                                |     | \$300.00                                                        | 735 ILCS 5/12-1001(b)              |  |  |
| Line IIoiii Schedule A/B. 1.1                                                          |                                         |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |
| Necessary Wearing Apparel Line from Schedule A/B: 11.1                                 | \$450.00                                |     | \$450.00                                                        | 735 ILCS 5/12-1001(a)              |  |  |
| LINE HOTH SCHEOUIE A/D. 11.1                                                           |                                         |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |

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Debtor 1 Stephen Foglio

|    | · · Otopilon i ogno                                                                 |                                      |         | 0000 110111001 (11 111101111)                                   |                                    |
|----|-------------------------------------------------------------------------------------|--------------------------------------|---------|-----------------------------------------------------------------|------------------------------------|
|    | rief description of the property and line on chedule A/B that lists this property   | Current value of the portion you own | Am      | ount of the exemption you claim                                 | Specific laws that allow exemption |
|    |                                                                                     | Copy the value from<br>Schedule A/B  | Che     |                                                                 |                                    |
| С  | hecking: Chase Bank Account                                                         | \$125.00                             |         | \$125.00                                                        | 735 ILCS 5/12-1001(b)              |
|    | ointly with Mother<br>ne from Schedule A/B: 17.1                                    |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | hecking: Chase Bank Account                                                         | \$115.00                             |         | \$0.00                                                          | 735 ILCS 5/12-1001(b)              |
| L  | The Hoth Schedule A/B. 11.2                                                         |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
| _  | ension: Printer's Union                                                             | Unknown                              |         | \$1.00                                                          | 735 ILCS 5/12-1006                 |
| LI | THE HOTH Scriedule A/B. 21.1                                                        |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | re you claiming a homestead exemption Subject to adjustment on 4/01/19 and every No |                                      |         | led on or after the date of adjustme                            | nt.)                               |
|    |                                                                                     | red by the exemption wi              | ithin 1 | ,215 days before you filed this case                            | ?                                  |
|    | □ No                                                                                |                                      |         |                                                                 |                                    |
|    | ☐ Yes                                                                               |                                      |         |                                                                 |                                    |

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Document Fill in this information to identify your case: Debtor 1 Stephen Foglio Middle Name First Name Last Name Debtor 2 (Spouse if, filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known) ☐ Check if this is an amended filing

## Official Form 106D

## Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
  - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below.

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Page 18 of 65 Document Fill in this information to identify your case: Debtor 1 Stephen Foglio Middle Name Last Name First Name Debtor 2 Middle Name (Spouse if, filing) First Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known) ☐ Check if this is an amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims Do any creditors have priority unsecured claims against you? ■ No. Go to Part 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) **Total claim** Priority Nonpriority amount amount 2.1 \$0.00 Penny Foglio \$0.00 \$0.00 Last 4 digits of account number Priority Creditor's Name 30 Briarwood Court When was the debt incurred? Schaumburg, IL 60194 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Type of PRIORITY unsecured claim: ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another Domestic support obligations ☐ Check if this claim is for a community debt ☐ Taxes and certain other debts you owe the government ☐ Claims for death or personal injury while you were intoxicated Is the claim subject to offset? ■ No ☐ Other. Specify ☐ Yes **CHILD SUPPORT** Part 2: List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you?  $\square$  No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes.

List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

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Document Page 19 of 65 Debtor 1 Stephen Foglio Case number (if know) 4.1 **Amex** Last 4 digits of account number 3353 \$1,931.00 Nonpriority Creditor's Name Correspondence Opened 06/01 Last Active Po Box 981540 When was the debt incurred? 8/22/17 El Paso, TX 79998 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card T Yes 4.2 Atg Credit Llc Last 4 digits of account number 9821 \$728.00 Nonpriority Creditor's Name 1700 W Cortland St When was the debt incurred? **Opened 08/16** Ste 2 Chicago, IL 60622 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No Collection Attorney Winfield Radiology ☐ Yes Other. Specify Consultants 4.3 **Atg Credit Llc** Last 4 digits of account number \$653.00 0624 Nonpriority Creditor's Name 1700 W Cortland St When was the debt incurred? **Opened 08/16** Ste 2 Chicago, IL 60622 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No

☐ Yes

■ Other. Specify Consultants

Collection Attorney Winfield Radiology

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Debtor 1 Stephen Foglio Case number (if know) 4.4 Atg Credit Llc Last 4 digits of account number 9704 \$431.00 Nonpriority Creditor's Name 1700 W Cortland St When was the debt incurred? **Opened 08/16** Ste 2 Chicago, IL 60622 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts Collection Attorney Winfield Radiology ☐ Yes Other. Specify Consultants 4.5 Atg Credit Llc \$355.00 Last 4 digits of account number 9666 Nonpriority Creditor's Name 1700 W Cortland St When was the debt incurred? **Opened 08/16** Ste 2 Chicago, IL 60622 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts Collection Attorney Winfield Radiology ■ Other. Specify Consultants ☐ Yes 4.6 Atg Credit Llc Last 4 digits of account number \$265.00 9554 Nonpriority Creditor's Name When was the debt incurred? **Opened 08/16** 1700 W Cortland St Ste 2 Chicago, IL 60622 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts Collection Attorney Winfield Radiology ☐ Yes Other. Specify Consultants

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Document Page 21 of 65 Debtor 1 Stephen Foglio Case number (if know) 4.7 Capital One Last 4 digits of account number 7246 \$0.00 Nonpriority Creditor's Name **General Correspondence** Opened 9/09/11 Last Active When was the debt incurred? Po Box 30285 1/18/13 Salt lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes 4.8 **Central Dupage Hospital** Last 4 digits of account number 3378 \$40,000.00 Nonpriority Creditor's Name 25 Winfield Rd. When was the debt incurred? 2016 Winfield, IL 60190 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Medical Other. Specify 4.9 **Chase Card** \$0.00 Last 4 digits of account number 3886 Nonpriority Creditor's Name Attn: Correspondence Dept Opened 01/10 Last Active Po Box 15298 When was the debt incurred? 6/15/10 Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

■ No

☐ Yes

■ Other. Specify Credit Card

☐ Debts to pension or profit-sharing plans, and other similar debts

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Debtor 1 Stephen Foglio Case number (if know) 4.1 \$0.00 Citibank / Sears 7301 Last 4 digits of account number 0 Nonpriority Creditor's Name Citicorp Credit Services/Centralized Opened 03/03 Last Active When was the debt incurred? Ban 1/16/04 Po Box 790040 Saint Louis, MO 63179 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Credit Card 4.1 Citibank/Sears 1540 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name Citicorp Credit Services/Attn: Opened 02/07 Last Active Centraliz When was the debt incurred? 2/25/07 Po Bopx 790040 Saint Louis, MO 63179 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes 4.1 Citicard 8813 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name **General Correspondence** Opened 3/18/13 Last Active Po Box 6500 When was the debt incurred? 9/06/13 Sioux Falls, SD 57117 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes

Official Form 106 E/F

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Case number (if know)

| Debtor   | 1 Stephen Foglio                                            |                                                            | Case number (if know)                                               |             |  |  |  |  |  |
|----------|-------------------------------------------------------------|------------------------------------------------------------|---------------------------------------------------------------------|-------------|--|--|--|--|--|
| 4.1      |                                                             |                                                            | 4404                                                                | 400.050.00  |  |  |  |  |  |
| 3        | Citicards Cbna Nonpriority Creditor's Name                  | Last 4 digits of account number                            |                                                                     | \$23,359.00 |  |  |  |  |  |
|          | Citicorp Credit Svc/Centralized                             |                                                            | Opened 03/00 Last Active                                            |             |  |  |  |  |  |
|          | Bankrupt                                                    | When was the debt incurred?                                | 1/08/15                                                             |             |  |  |  |  |  |
|          | Po Box 790040                                               |                                                            |                                                                     |             |  |  |  |  |  |
|          | Saint Louis, MO 63179  Number Street City State Zlp Code    | As of the date you file, the claim                         | is: Check all that apply                                            |             |  |  |  |  |  |
|          | Who incurred the debt? Check one.                           | ,,,,,                                                      |                                                                     |             |  |  |  |  |  |
|          | ■ Debtor 1 only                                             | ☐ Contingent                                               |                                                                     |             |  |  |  |  |  |
|          | Debtor 2 only                                               | ☐ Unliquidated                                             |                                                                     |             |  |  |  |  |  |
|          | Debtor 1 and Debtor 2 only                                  | ☐ Disputed                                                 |                                                                     |             |  |  |  |  |  |
|          | ☐ At least one of the debtors and another                   | Type of NONPRIORITY unsecure                               | d claim:                                                            |             |  |  |  |  |  |
|          | ☐ Check if this claim is for a community                    | ☐ Student loans                                            |                                                                     |             |  |  |  |  |  |
|          | debt                                                        | Obligations arising out of a sepa                          | aration agreement or divorce that you did not                       |             |  |  |  |  |  |
|          | Is the claim subject to offset?                             | report as priority claims                                  | autoria agreement en arreitee mat yet alta met                      |             |  |  |  |  |  |
|          | No                                                          | Debts to pension or profit-sharing                         | ng plans, and other similar debts                                   |             |  |  |  |  |  |
|          | Yes                                                         | Other. Specify Credit Card                                 | 1                                                                   |             |  |  |  |  |  |
|          |                                                             |                                                            |                                                                     |             |  |  |  |  |  |
| 4.1      | Citicards Cbna                                              | Last 4 digits of account number                            | 0514                                                                | \$1,078.00  |  |  |  |  |  |
|          | Nonpriority Creditor's Name Citicorp Credit Svc/Centralized |                                                            | Opened 2/14/15 Last Active                                          |             |  |  |  |  |  |
|          | Bankrupt                                                    | When was the debt incurred?                                | 7/28/17                                                             |             |  |  |  |  |  |
|          | Po Box 790040                                               |                                                            |                                                                     |             |  |  |  |  |  |
|          | Saint Louis, MO 63179  Number Street City State Zlp Code    | is: Check all that apply                                   |                                                                     |             |  |  |  |  |  |
|          | Who incurred the debt? Check one.                           | is. Officer all that apply                                 |                                                                     |             |  |  |  |  |  |
|          | ■ Debtor 1 only                                             |                                                            |                                                                     |             |  |  |  |  |  |
|          | Debtor 2 only                                               | ☐ Unliquidated                                             |                                                                     |             |  |  |  |  |  |
|          | Debtor 1 and Debtor 2 only                                  | _ `                                                        |                                                                     |             |  |  |  |  |  |
|          | <u> </u>                                                    | ☐ Disputed  Type of NONPRIORITY unsecure                   | d claim:                                                            |             |  |  |  |  |  |
|          | At least one of the debtors and another                     | ☐ Student loans                                            |                                                                     |             |  |  |  |  |  |
|          | ☐ Check if this claim is for a community debt               | ☐ Obligations arising out of a sepa                        |                                                                     |             |  |  |  |  |  |
|          | Is the claim subject to offset?                             | report as priority claims                                  |                                                                     |             |  |  |  |  |  |
|          | ■ No                                                        | Debts to pension or profit-sharing                         | ☐ Debts to pension or profit-sharing plans, and other similar debts |             |  |  |  |  |  |
|          | Yes                                                         | Other. Specify Credit Card                                 |                                                                     |             |  |  |  |  |  |
|          |                                                             |                                                            |                                                                     |             |  |  |  |  |  |
| 4.1<br>5 | City of Chicago  Nonpriority Creditor's Name                | Last 4 digits of account number                            | 3378                                                                | \$350.00    |  |  |  |  |  |
|          | Deparment of Finance                                        | When was the debt incurred?                                | 2016                                                                |             |  |  |  |  |  |
|          | 33589 Treasury Center                                       |                                                            |                                                                     |             |  |  |  |  |  |
|          | Chicago, IL 60694                                           |                                                            |                                                                     |             |  |  |  |  |  |
|          | Number Street City State Zlp Code                           | As of the date you file, the claim                         | is: Check all that apply                                            |             |  |  |  |  |  |
|          | Who incurred the debt? Check one.                           | _                                                          |                                                                     |             |  |  |  |  |  |
|          | Debtor 1 only                                               | ☐ Contingent ☐ Unliquidated                                |                                                                     |             |  |  |  |  |  |
|          | Debtor 2 only                                               |                                                            |                                                                     |             |  |  |  |  |  |
|          | Debtor 1 and Debtor 2 only                                  | Disputed                                                   |                                                                     |             |  |  |  |  |  |
|          | At least one of the debtors and another                     | Type of NONPRIORITY unsecure                               | d claim:                                                            |             |  |  |  |  |  |
|          | ☐ Check if this claim is for a community                    | Student loans                                              | ng out of a separation agreement or divorce that you did not ims    |             |  |  |  |  |  |
|          | debt Is the claim subject to offset?                        | Obligations arising out of a separeport as priority claims |                                                                     |             |  |  |  |  |  |
|          | No                                                          | Debts to pension or profit-sharing                         | ng plans, and other similar debts                                   |             |  |  |  |  |  |
|          |                                                             | · ·                                                        | 51, 2 2                                                             |             |  |  |  |  |  |
|          | ☐ Yes                                                       | Other. Specify Tickets                                     |                                                                     |             |  |  |  |  |  |

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Case number (if know)

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Case number (if know)

| Debtor | 1 Stephen Foglio                                                                          | ——————————————————————————————————————                       | Case number (if know)                         |          |  |  |  |
|--------|-------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|----------|--|--|--|
| 4.1    | Fifth Third Bank                                                                          | Last 4 digits of account number                              | 3385                                          | \$0.00   |  |  |  |
| 1      | Nonpriority Creditor's Name Attn: Bankruptcy Department 1830 E Paris Ave Se               | When was the debt incurred?                                  | Opened 05/09 Last Active 6/20/11              | Ψ0.00    |  |  |  |
|        | Grand Rapids, MI 49546  Number Street City State Zlp Code                                 | As of the date you file, the claim i                         | is: Check all that anniv                      |          |  |  |  |
|        | Who incurred the debt? Check one.                                                         | As of the date you me, the claim                             | S. Olleck all that apply                      |          |  |  |  |
|        | Debtor 1 only                                                                             | ☐ Contingent                                                 |                                               |          |  |  |  |
|        | ☐ Debtor 2 only                                                                           | ☐ Unliquidated                                               |                                               |          |  |  |  |
|        | ☐ Debtor 1 and Debtor 2 only                                                              | ☐ Disputed                                                   |                                               |          |  |  |  |
|        | ☐ At least one of the debtors and another                                                 | Type of NONPRIORITY unsecured                                | d claim:                                      |          |  |  |  |
|        | ☐ Check if this claim is for a community                                                  | ☐ Student loans                                              |                                               |          |  |  |  |
|        | debt Is the claim subject to offset?                                                      | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |          |  |  |  |
|        | ■ No                                                                                      | $\square$ Debts to pension or profit-sharing                 | g plans, and other similar debts              |          |  |  |  |
|        | Yes                                                                                       | Other. Specify Automobile                                    | )                                             |          |  |  |  |
| 4.2    | Kohls/Capital One Nonpriority Creditor's Name                                             | Last 4 digits of account number                              | 6542                                          | \$0.00   |  |  |  |
|        | Kohls Credit<br>Po Box 3043                                                               | When was the debt incurred?                                  | Opened 03/96 Last Active 6/14/10              |          |  |  |  |
|        | Milwaukee, WI 53201  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim                           | is: Check all that apply                      |          |  |  |  |
|        | ■ Debtor 1 only □ Contingent                                                              |                                                              |                                               |          |  |  |  |
|        | □ Debtor 2 only □ Unliquidated                                                            |                                                              |                                               |          |  |  |  |
|        | ☐ Debtor 1 and Debtor 2 only                                                              |                                                              |                                               |          |  |  |  |
|        | ☐ At least one of the debtors and another                                                 | ☐ Disputed  Type of NONPRIORITY unsecured                    | d claim:                                      |          |  |  |  |
|        | ☐ Check if this claim is for a community                                                  | ☐ Student loans                                              |                                               |          |  |  |  |
|        | debt<br>Is the claim subject to offset?                                                   | Obligations arising out of a separeport as priority claims   | aration agreement or divorce that you did not |          |  |  |  |
|        | ■ No                                                                                      |                                                              |                                               |          |  |  |  |
|        | Yes                                                                                       | Other. Specify Charge Acc                                    |                                               |          |  |  |  |
| 4.2    | Med Business Bureau                                                                       |                                                              | 3252                                          | \$925.00 |  |  |  |
| 1      | Nonpriority Creditor's Name  1460 Renaissance Dr #400                                     | Last 4 digits of account number  When was the debt incurred? | Opened 10/16                                  | Ψ923.00  |  |  |  |
|        | Park Ridge, IL 60068                                                                      | when was the dept incurred:                                  | Opened 10/10                                  |          |  |  |  |
|        | Number Street City State Zlp Code                                                         | As of the date you file, the claim i                         | is: Check all that apply                      |          |  |  |  |
|        | Who incurred the debt? Check one.                                                         |                                                              |                                               |          |  |  |  |
|        | Debtor 1 only                                                                             | Contingent                                                   |                                               |          |  |  |  |
|        | Debtor 2 only                                                                             | ☐ Unliquidated                                               |                                               |          |  |  |  |
|        | Debtor 1 and Debtor 2 only                                                                | ☐ Disputed  Type of NONPRIORITY unsecured                    | d claim:                                      |          |  |  |  |
|        | At least one of the debtors and another                                                   | Student loans                                                | u Claiiii.                                    |          |  |  |  |
|        | ☐ Check if this claim is for a community debt  Is the claim subject to offset?            | ☐ Obligations arising out of a separeport as priority claims |                                               |          |  |  |  |
|        | ■ No                                                                                      | Debts to pension or profit-sharin                            | g plans, and other similar debts              |          |  |  |  |
|        | □Yes                                                                                      |                                                              | Attorney Central Dupage Emerg                 |          |  |  |  |

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Debtor 1 Stephen Foglio Case number (if know) 4.2 1660 \$160.00 **Merchants Credit** Last 4 digits of account number 2 Nonpriority Creditor's Name 223 W Jackson Blvd When was the debt incurred? **Opened 08/16** Ste 700 Chicago, IL 60606 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No **Collection Attorney Family Medical** ☐ Yes Other. Specify **Associates** 4.2 **Merchants Credit** 2325 \$149.00 Last 4 digits of account number Nonpriority Creditor's Name 223 W Jackson Blvd When was the debt incurred? **Opened 09/16** Ste 700 Chicago, IL 60606 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts **Collection Attorney Family Medical** ☐ Yes Other. Specify **Associates** 4.2 **Merchants Credit** 1659 \$144.00 Last 4 digits of account number Nonpriority Creditor's Name 223 W Jackson Blvd When was the debt incurred? **Opened 08/16** Ste 700 Chicago, IL 60606 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts **Collection Attorney Family Medical** Other. Specify Associates ☐ Yes

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Case number (if know)

| Debtor   | 1 Stephen Foglio                                                                        |                                                              | Case number (if know)                         |         |  |  |  |  |
|----------|-----------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|---------|--|--|--|--|
| 4.2      | Merchants Credit                                                                        | Last 4 digits of account number                              | 2684                                          | \$91.00 |  |  |  |  |
| <u> </u> | Nonpriority Creditor's Name<br>223 W Jackson Blvd<br>Ste 700                            | When was the debt incurred?                                  | Opened 11/13                                  |         |  |  |  |  |
|          | Chicago, IL 60606  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim i                         | is: Check all that apply                      |         |  |  |  |  |
|          | ■ Debtor 1 only                                                                         | ☐ Contingent                                                 |                                               |         |  |  |  |  |
|          | ☐ Debtor 2 only                                                                         | ☐ Unliquidated                                               |                                               |         |  |  |  |  |
|          | ☐ Debtor 1 and Debtor 2 only                                                            | ☐ Disputed                                                   |                                               |         |  |  |  |  |
|          | ☐ At least one of the debtors and another                                               | Type of NONPRIORITY unsecured                                | d claim:                                      |         |  |  |  |  |
|          | ☐ Check if this claim is for a community                                                | ☐ Student loans                                              |                                               |         |  |  |  |  |
|          | debt Is the claim subject to offset?                                                    | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |         |  |  |  |  |
|          | ■ No                                                                                    | Debts to pension or profit-sharing                           | g plans, and other similar debts              |         |  |  |  |  |
|          | Yes                                                                                     | ■ Other. Specify Associates                                  | Attorney Family Medical                       |         |  |  |  |  |
| 4.2      | Merchants Credit                                                                        | Last 4 digits of account number                              | 1537                                          | \$58.00 |  |  |  |  |
|          | Nonpriority Creditor's Name 223 W Jackson Blvd Ste 700                                  | When was the debt incurred?                                  | Opened 03/13                                  |         |  |  |  |  |
|          | Chicago, IL 60606  Number Street City State Zlp Code  Who incurred the debt? Check one. |                                                              |                                               |         |  |  |  |  |
|          | ■ Debtor 1 only □ Contingent                                                            |                                                              |                                               |         |  |  |  |  |
|          | □ Debtor 2 only □ Unliquidated                                                          |                                                              |                                               |         |  |  |  |  |
|          | Debtor 1 and Debtor 2 only                                                              | ☐ Disputed                                                   |                                               |         |  |  |  |  |
|          | ☐ At least one of the debtors and another                                               | Type of NONPRIORITY unsecured                                |                                               |         |  |  |  |  |
|          | ☐ Check if this claim is for a community                                                | ☐ Student loans                                              |                                               |         |  |  |  |  |
|          | debt Is the claim subject to offset?                                                    | Obligations arising out of a separeport as priority claims   |                                               |         |  |  |  |  |
|          | ■ No                                                                                    | Debts to pension or profit-sharin                            |                                               |         |  |  |  |  |
|          | Yes                                                                                     | Collection Associates                                        |                                               |         |  |  |  |  |
| 4.2      | Synchrony Bank / HH Gregg                                                               | Last 4 digits of account number                              | 3411                                          | \$0.00  |  |  |  |  |
|          | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 956060 Orlando, FL 32896            | When was the debt incurred?                                  | Opened 08/99 Last Active 2/01/01              |         |  |  |  |  |
|          | Number Street City State Zlp Code  Who incurred the debt? Check one.                    | As of the date you file, the claim i                         |                                               |         |  |  |  |  |
|          | ■ Debtor 1 only                                                                         | ☐ Contingent                                                 |                                               |         |  |  |  |  |
|          | ☐ Debtor 2 only ☐ Unliquidated                                                          |                                                              |                                               |         |  |  |  |  |
|          | ☐ Debtor 1 and Debtor 2 only                                                            | ☐ Disputed                                                   |                                               |         |  |  |  |  |
|          | $\square$ At least one of the debtors and another                                       | Type of NONPRIORITY unsecured                                |                                               |         |  |  |  |  |
|          | ☐ Check if this claim is for a community debt                                           |                                                              | ration agreement or divorce that you did not  |         |  |  |  |  |
|          | Is the claim subject to offset?                                                         | report as priority claims                                    |                                               |         |  |  |  |  |
|          | ■ No                                                                                    | Debts to pension or profit-sharin                            |                                               |         |  |  |  |  |
|          | Yes                                                                                     | ■ Other. Specify Charge Acc                                  |                                               |         |  |  |  |  |

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| Debto    | Stepnen Foglio                                                                |                                           | Case number (if know)                                                                                                                                                                                      |        |  |  |  |  |  |
|----------|-------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--|--|--|--|--|
| 4.2<br>8 | Synchrony Bank / HH Gregg                                                     | Last 4 digits of account number           | 2148                                                                                                                                                                                                       | \$0.00 |  |  |  |  |  |
|          | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 956060 Orlando, FL 32896  | When was the debt incurred?               | Opened 11/19/06 Last Active 10/08                                                                                                                                                                          |        |  |  |  |  |  |
|          | Number Street City State Zlp Code  Who incurred the debt? Check one.          | As of the date you file, the claim        | is: Check all that apply                                                                                                                                                                                   |        |  |  |  |  |  |
|          | Debtor 1 only                                                                 | ☐ Contingent                              |                                                                                                                                                                                                            |        |  |  |  |  |  |
|          | ☐ Debtor 2 only                                                               | ☐ Unliquidated                            |                                                                                                                                                                                                            |        |  |  |  |  |  |
|          | ☐ Debtor 1 and Debtor 2 only                                                  | ☐ Disputed                                |                                                                                                                                                                                                            |        |  |  |  |  |  |
|          | $\square$ At least one of the debtors and another                             | Type of NONPRIORITY unsecured             | d claim:                                                                                                                                                                                                   |        |  |  |  |  |  |
|          | ☐ Check if this claim is for a community debt                                 |                                           | aration agreement or divorce that you did not                                                                                                                                                              |        |  |  |  |  |  |
|          | Is the claim subject to offset?                                               | report as priority claims                 |                                                                                                                                                                                                            |        |  |  |  |  |  |
|          | ■ No                                                                          | Debts to pension or profit-sharing        |                                                                                                                                                                                                            |        |  |  |  |  |  |
|          | Yes                                                                           | Other. Specify Charge Acc                 | count                                                                                                                                                                                                      |        |  |  |  |  |  |
| 4.2<br>9 | Target                                                                        | Last 4 digits of account number           | 9384                                                                                                                                                                                                       | \$0.00 |  |  |  |  |  |
|          | Nonpriority Creditor's Name C/O Financial & Retail Srvs Mailstopn BT POB 9475 | When was the debt incurred?               | Opened 04/05 Last Active 6/04/05                                                                                                                                                                           |        |  |  |  |  |  |
|          | Minneapolis, MN 55440                                                         | _                                         |                                                                                                                                                                                                            |        |  |  |  |  |  |
|          | Number Street City State Zlp Code                                             | As of the date you file, the claim i      | is: Check all that apply                                                                                                                                                                                   |        |  |  |  |  |  |
|          | Who incurred the debt? Check one.                                             |                                           |                                                                                                                                                                                                            |        |  |  |  |  |  |
|          | ■ Debtor 1 only                                                               | Contingent                                |                                                                                                                                                                                                            |        |  |  |  |  |  |
|          | Debtor 2 only                                                                 | ☐ Unliquidated                            |                                                                                                                                                                                                            |        |  |  |  |  |  |
|          | Debtor 1 and Debtor 2 only                                                    | ☐ Disputed  Type of NONPRIORITY unsecured | d alaim.                                                                                                                                                                                                   |        |  |  |  |  |  |
|          | At least one of the debtors and another                                       | Student loans                             | d Claim:                                                                                                                                                                                                   |        |  |  |  |  |  |
|          | ☐ Check if this claim is for a community debt                                 | _                                         | protion agreement or diverse that you did not                                                                                                                                                              |        |  |  |  |  |  |
|          | Is the claim subject to offset?                                               | report as priority claims                 | <ul> <li>☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>☐ Debts to pension or profit-sharing plans, and other similar debts</li> </ul> |        |  |  |  |  |  |
|          | ■ No                                                                          | Debts to pension or profit-sharing        |                                                                                                                                                                                                            |        |  |  |  |  |  |
|          | Yes                                                                           | Other. Specify Credit Card                | <u> </u>                                                                                                                                                                                                   |        |  |  |  |  |  |
| 4.3      | Wells Fargo Bank Nv Na                                                        | Last 4 digits of account number           | 0001                                                                                                                                                                                                       | \$0.00 |  |  |  |  |  |
|          | Nonpriority Creditor's Name                                                   | _                                         |                                                                                                                                                                                                            |        |  |  |  |  |  |
|          | Po Box 31557<br>Billings, MT 59107                                            | When was the debt incurred?               | Opened 08/03 Last Active 5/08/05                                                                                                                                                                           |        |  |  |  |  |  |
|          | Number Street City State Zlp Code Who incurred the debt? Check one.           | As of the date you file, the claim        | is: Check all that apply                                                                                                                                                                                   |        |  |  |  |  |  |
|          | ■ Debtor 1 only                                                               | ☐ Contingent                              |                                                                                                                                                                                                            |        |  |  |  |  |  |
|          | Debtor 2 only                                                                 |                                           |                                                                                                                                                                                                            |        |  |  |  |  |  |
|          | ☐ Debtor 1 and Debtor 2 only                                                  | ☐ Disputed                                |                                                                                                                                                                                                            |        |  |  |  |  |  |
|          | ☐ At least one of the debtors and another                                     | Type of NONPRIORITY unsecured             | d claim:                                                                                                                                                                                                   |        |  |  |  |  |  |
|          | ☐ Check if this claim is for a community debt                                 |                                           | aration agreement or divorce that you did not                                                                                                                                                              |        |  |  |  |  |  |
|          | Is the claim subject to offset?                                               | report as priority claims                 |                                                                                                                                                                                                            |        |  |  |  |  |  |
|          | No                                                                            | Debts to pension or profit-sharing        | •                                                                                                                                                                                                          |        |  |  |  |  |  |
|          | ☐ Yes                                                                         | ■ Other. Specify Credit Line              | Secured                                                                                                                                                                                                    |        |  |  |  |  |  |

Part 3: List Others to Be Notified About a Debt That You Already Listed

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

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Debtor 1 Stephen Foglio

| have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. |                                                                                                                   |                                                       |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--|--|--|--|
| Name and Address Anna Valencia City Clerk Chicago                                                                                                                                                                                              | On which entry in Part 1 or Part 2 did you list the original creditor?  Line <b>4.15</b> of ( <i>Check one</i> ): |                                                       |  |  |  |  |
| 121 N LaSalle Dr                                                                                                                                                                                                                               | Line 4.13 of (Check one):                                                                                         | Part 1: Creditors with Priority Unsecured Claims      |  |  |  |  |
| Chicago, IL 60602                                                                                                                                                                                                                              |                                                                                                                   | Part 2: Creditors with Nonpriority Unsecured Claims   |  |  |  |  |
| <b>3</b> /                                                                                                                                                                                                                                     | Last 4 digits of account number                                                                                   |                                                       |  |  |  |  |
| Name and Address                                                                                                                                                                                                                               | On which entry in Part 1 or Part 2 did you list the original creditor?                                            |                                                       |  |  |  |  |
| Rahm Emaunel                                                                                                                                                                                                                                   | Line 4.15 of (Check one):                                                                                         | ☐ Part 1: Creditors with Priority Unsecured Claims    |  |  |  |  |
| 121 N LaSalle Street<br>Chicago, IL 60602                                                                                                                                                                                                      |                                                                                                                   | ■ Part 2: Creditors with Nonpriority Unsecured Claims |  |  |  |  |
| 5535, IL 5555L                                                                                                                                                                                                                                 | Last 4 digits of account number                                                                                   |                                                       |  |  |  |  |

## Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |                                                                                                         |     | Total Claim      |
|--------------|-----|---------------------------------------------------------------------------------------------------------|-----|------------------|
|              | 6a. | Domestic support obligations                                                                            | 6a. | \$<br>0.00       |
| Total claims |     |                                                                                                         |     | <br>             |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government                                                    | 6b. | \$<br>0.00       |
|              | 6c. | Claims for death or personal injury while you were intoxicated                                          | 6c. | \$<br>0.00       |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$<br>0.00       |
|              | 6e. | Total Priority. Add lines 6a through 6d.                                                                | 6e. | \$<br>0.00       |
|              |     |                                                                                                         |     | Total Claim      |
|              | 6f. | Student loans                                                                                           | 6f. | \$<br>0.00       |
| Total claims |     |                                                                                                         |     |                  |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$<br>0.00       |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$<br>0.00       |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$<br>107,040.00 |
|              | 6j. | Total Nonpriority. Add lines 6f through 6i.                                                             | 6j. | \$<br>107,040.00 |

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Page 30 of 65 Document Fill in this information to identify your case: Debtor 1 Stephen Foglio Middle Name Last Name First Name Debtor 2 First Name Middle Name (Spouse if, filing) Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known)

# ☐ Check if this is an amended filing

## Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company wit<br>Name, Numb | h whom you have the o | contract or lease | State what the contract or lease is for |
|-----|-----------|---------------------------|-----------------------|-------------------|-----------------------------------------|
| 2.1 |           |                           |                       |                   |                                         |
|     | Name      |                           |                       |                   | _                                       |
|     |           |                           |                       |                   |                                         |
|     | Number    | Street                    |                       |                   | <del>-</del>                            |
|     | City      |                           | State                 | ZIP Code          | _                                       |
| 2.2 | City      |                           | State                 | ZIP Code          |                                         |
| 2.2 | NI        |                           |                       |                   | _                                       |
|     | Name      |                           |                       |                   |                                         |
|     |           |                           |                       |                   |                                         |
|     | Number    | Street                    |                       |                   |                                         |
|     |           |                           |                       |                   | _                                       |
|     | City      |                           | State                 | ZIP Code          |                                         |
| 2.3 |           |                           |                       |                   |                                         |
|     | Name      |                           |                       |                   |                                         |
|     |           |                           |                       |                   |                                         |
|     | Number    | Street                    |                       |                   | <u> </u>                                |
|     |           |                           |                       |                   |                                         |
|     | City      |                           | State                 | ZIP Code          | _                                       |
| 2.4 |           |                           |                       |                   |                                         |
|     | Name      |                           |                       |                   | <del>_</del>                            |
|     |           |                           |                       |                   |                                         |
|     | Number    | Street                    |                       |                   | _                                       |
|     | Number    | Street                    |                       |                   |                                         |
|     | City      |                           | State                 | ZIP Code          | _                                       |
| 2.5 | Oity      |                           | Otato                 | Zii Godo          |                                         |
| 2.0 | Name      |                           |                       |                   | _                                       |
|     | 1401110   |                           |                       |                   |                                         |
|     | Ni mala a | Ot                        |                       |                   | _                                       |
|     | Number    | Street                    |                       |                   |                                         |
|     | City      |                           | State                 | ZIP Code          | _                                       |
|     | Jily      |                           | Ciaio                 |                   |                                         |

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|                           |                                                                     | Document                                               | Page 31 o           | f 65                                    |                                                                                                                 |
|---------------------------|---------------------------------------------------------------------|--------------------------------------------------------|---------------------|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Fill in this              | information to identify your                                        | case:                                                  |                     |                                         |                                                                                                                 |
| Debtor 1                  | Stephen Foglio                                                      |                                                        |                     |                                         |                                                                                                                 |
| Debtor 2                  | First Name                                                          | Middle Name                                            | Last Name           |                                         |                                                                                                                 |
| (Spouse if, fili          | ng) First Name                                                      | Middle Name                                            | Last Name           |                                         |                                                                                                                 |
| United Sta                | ates Bankruptcy Court for the:                                      | NORTHERN DISTRICT OF                                   | ILLINOIS            |                                         |                                                                                                                 |
| Case num                  | ber                                                                 |                                                        |                     |                                         | ☐ Check if this is an                                                                                           |
| (ii kilowii)              |                                                                     |                                                        |                     |                                         | amended filing                                                                                                  |
| <b>⊃</b> ff:⊲:⊲           | Form 100                                                            |                                                        |                     |                                         |                                                                                                                 |
|                           | l Form 106H                                                         | obtoro                                                 |                     |                                         | 4044                                                                                                            |
| Sched                     | lule H: Your Cod                                                    | eptors                                                 |                     |                                         | 12/15                                                                                                           |
| ill it out, a<br>our name |                                                                     | boxes on the left. Attach the . Answer every question. | Additional Page to  | o this page. On the top                 | eeded, copy the Additional Page,<br>o of any Additional Pages, write                                            |
| ■ No                      |                                                                     |                                                        |                     |                                         |                                                                                                                 |
| ■ No                      | 3                                                                   |                                                        |                     |                                         |                                                                                                                 |
|                           | hin the last 8 years, have you<br>na, California, Idaho, Louisiana, |                                                        |                     |                                         |                                                                                                                 |
|                           | . Go to line 3.<br>s. Did your spouse, former spor                  | use, or legal equivalent live wit                      | h you at the time?  |                                         |                                                                                                                 |
| in line<br>Form           | e 2 again as a codebtor only i                                      | f that person is a guarantor                           | or cosigner. Make s | sure you have listed th                 | g with you. List the person shown<br>ne creditor on Schedule D (Official<br>Schedule E/F, or Schedule G to fill |
|                           | Column 1: Your codebtor<br>Name, Number, Street, City, State and Z  | P Code                                                 |                     | Column 2: The cre<br>Check all schedule | editor to whom you owe the debt es that apply:                                                                  |
| 3.1                       |                                                                     |                                                        |                     | ☐ Schedule D. lin                       | е                                                                                                               |
|                           | Name                                                                |                                                        |                     | □ Schedule E/F, I                       |                                                                                                                 |
|                           |                                                                     |                                                        |                     | ☐ Schedule G, lin                       |                                                                                                                 |
| -                         | Number Street                                                       |                                                        |                     | _                                       |                                                                                                                 |
|                           | City                                                                | State                                                  | ZIP Code            |                                         |                                                                                                                 |
| 3.2                       |                                                                     |                                                        |                     | ☐ Schedule D, lin                       | Δ                                                                                                               |
|                           | Name                                                                |                                                        |                     | Schedule E/F, I                         |                                                                                                                 |
|                           |                                                                     |                                                        |                     | ☐ Schedule G, lin                       |                                                                                                                 |
| -                         | Number Street                                                       |                                                        |                     | _                                       |                                                                                                                 |

State

City

ZIP Code

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|                     |                                                                                                                                 |                            |                                       |                  |          |       | ı                                         |            |                       |                            |        |
|---------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------------------|------------------|----------|-------|-------------------------------------------|------------|-----------------------|----------------------------|--------|
|                     | in this information to identify your cotor 1 Stephen Fo                                                                         |                            |                                       |                  |          |       |                                           |            |                       |                            |        |
| Del                 | otor 2 puse, if filing)                                                                                                         | y                          |                                       |                  |          | _     |                                           |            |                       |                            |        |
|                     | ted States Bankruptcy Court for the                                                                                             | : NORTHERN DISTRIC         | CT OF ILI                             | LINOIS           |          |       |                                           |            |                       |                            |        |
|                     | se number<br>nown)                                                                                                              |                            | -                                     |                  |          |       | □ Ar                                      |            | d filing<br>ent showi | ing postpetition ch        | napter |
| 0                   | fficial Form 106l                                                                                                               |                            |                                       |                  |          |       | MI                                        | M / DD/ Y  | YYY                   | -                          |        |
| S                   | chedule I: Your Inc                                                                                                             | ome                        |                                       |                  |          |       |                                           |            |                       |                            | 12/15  |
| spo<br>atta         | plying correct information. If you use. If you are separated and you ch a separate sheet to this form.  The describe Employment | ır spouse is not filing w  | ith you, d                            | do not include   | inforr   | natio | n about                                   | your spo   | use. If n             | nore space is ne           | eded,  |
| 1.                  | Fill in your employment information.                                                                                            |                            | Debto                                 | r 1              |          |       |                                           | Debtor 2   | or non-               | filing spouse              |        |
|                     | If you have more than one job,                                                                                                  | Employment status          | ■ Employed                            |                  |          |       |                                           | ■ Employed |                       |                            |        |
|                     | attach a separate page with information about additional                                                                        |                            | ☐ Not                                 | employed         |          |       |                                           | ☐ Not er   | mployed               |                            |        |
|                     | employers.                                                                                                                      | Occupation                 | Drive                                 | r                |          |       |                                           | Pysch S    | Social                |                            |        |
|                     | Include part-time, seasonal, or self-employed work.                                                                             | Employer's name            | Uber                                  |                  |          |       | WCT Care, LLC                             |            |                       |                            |        |
|                     | Occupation may include student or homemaker, if it applies.                                                                     | Employer's address         | 1401 W North Ave<br>Chicago, IL 60642 |                  |          |       | 928 Joliet Road<br>West Chicago, IL 60185 |            |                       |                            |        |
| Da                  | tt 2: Give Details About Mo                                                                                                     | How long employed t        | here?                                 | 13 month         | s        |       |                                           | _4         | years                 |                            |        |
| <b>Esti</b><br>spoi | mate monthly income as of the duse unless you are separated.                                                                    | ate you file this form. If | ,                                     | 3 1              |          | ,     | ,                                         |            | •                     | ,                          | J      |
|                     | u or your non-filing spouse have me<br>e space, attach a separate sheet to                                                      |                            | ombine th                             | e information fo | or all e | mplo  | yers for t                                | hat perso  | n on the              | lines below. If you        | u need |
|                     |                                                                                                                                 |                            |                                       |                  |          |       | For Deb                                   | tor 1      |                       | ebtor 2 or<br>iling spouse |        |
| 2.                  | List monthly gross wages, sala deductions). If not paid monthly,                                                                |                            |                                       |                  | 2.       | \$    | 2,                                        | 793.00     | \$                    | 2,818.57                   |        |
| 3                   | Estimate and list monthly over                                                                                                  | ime nav                    |                                       |                  | 3        | ±¢    |                                           | 0.00       | .\$                   | 0.00                       |        |

2,793.00

2,818.57

Calculate gross Income. Add line 2 + line 3.

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| Deb | tor 1                                                                                                                                                                                                                                                                                                                                                                                                                 | Stephen Foglio                                                                                                                                                                                                                                                          | =        | C    | ase number (if kr | nown) |          |                     |                  |             |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------|-------------------|-------|----------|---------------------|------------------|-------------|
|     |                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                         |          | 1    | For Debtor 1      |       |          | Debtor 2 or         |                  |             |
|     | Cop                                                                                                                                                                                                                                                                                                                                                                                                                   | by line 4 here                                                                                                                                                                                                                                                          | 4.       | (    | 2,793             | 3.00  | \$       | 2,818               | .57              |             |
| 5.  | List                                                                                                                                                                                                                                                                                                                                                                                                                  | t all payroll deductions:                                                                                                                                                                                                                                               |          |      |                   |       |          |                     |                  |             |
|     | 5a.                                                                                                                                                                                                                                                                                                                                                                                                                   | Tax, Medicare, and Social Security deductions                                                                                                                                                                                                                           | 5a       | . 9  | 698               | 3.25  | \$       | 522                 | .02              |             |
|     | 5b.                                                                                                                                                                                                                                                                                                                                                                                                                   | Mandatory contributions for retirement plans                                                                                                                                                                                                                            | 5b       | . 9  | 6                 | 0.00  | \$       | 0                   | .00              |             |
|     | 5c.                                                                                                                                                                                                                                                                                                                                                                                                                   | Voluntary contributions for retirement plans                                                                                                                                                                                                                            | 5c.      |      |                   | 0.00  | \$       |                     | .00              |             |
|     | 5d.                                                                                                                                                                                                                                                                                                                                                                                                                   | Required repayments of retirement fund loans                                                                                                                                                                                                                            | 5d       |      |                   | 0.00  | \$       |                     | .00              |             |
|     | 5e.                                                                                                                                                                                                                                                                                                                                                                                                                   | Insurance                                                                                                                                                                                                                                                               | 5e       |      |                   | 0.00  | \$_      | 445                 |                  |             |
|     | 5f.<br>5g.                                                                                                                                                                                                                                                                                                                                                                                                            | Domestic support obligations Union dues                                                                                                                                                                                                                                 | 5f.      |      | ·                 | 0.00  | \$<br>\$ |                     | .00              |             |
|     | 5y.<br>5h.                                                                                                                                                                                                                                                                                                                                                                                                            | Other deductions. Specify:                                                                                                                                                                                                                                              | 5g<br>5h |      |                   |       | + \$-    |                     | .00              |             |
| 6.  |                                                                                                                                                                                                                                                                                                                                                                                                                       | d the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.                                                                                                                                                                                                            | _<br>6.  | 9    |                   | 3.25  | \$       | 967                 |                  |             |
| 7.  |                                                                                                                                                                                                                                                                                                                                                                                                                       | culate total monthly take-home pay. Subtract line 6 from line 4.                                                                                                                                                                                                        | 7.       | 9    |                   |       | \$       | 1,850               |                  |             |
| 8.  |                                                                                                                                                                                                                                                                                                                                                                                                                       | t all other income regularly received:                                                                                                                                                                                                                                  | ••       | ,    | 2,00-             |       | Ψ        | 1,000               | .01              |             |
| О.  | 8a.                                                                                                                                                                                                                                                                                                                                                                                                                   | Net income from rental property and from operating a business, profession, or farm                                                                                                                                                                                      |          |      |                   |       |          |                     |                  |             |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                       | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total                                                                                                                                       |          |      |                   |       |          |                     |                  |             |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                       | monthly net income.                                                                                                                                                                                                                                                     | 8a       | ı. Ş | 6 (               | 0.00  | \$       | 0                   | .00              |             |
|     | 8b.                                                                                                                                                                                                                                                                                                                                                                                                                   | Interest and dividends                                                                                                                                                                                                                                                  | 8b       | . :  | 6                 | 0.00  | \$       | 0                   | .00              |             |
|     | 8c.                                                                                                                                                                                                                                                                                                                                                                                                                   | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce                                                                                                           |          |      |                   |       |          |                     |                  |             |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                       | settlement, and property settlement.                                                                                                                                                                                                                                    | 8c.      | . :  | 6 (               | 0.00  | \$       | 0                   | .00              |             |
|     | 8d.                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                         | 8d       |      | ·                 | 0.00  | \$       |                     | .00              |             |
|     | 8e.                                                                                                                                                                                                                                                                                                                                                                                                                   | Social Security                                                                                                                                                                                                                                                         | 8e       | . 9  |                   | 0.00  | \$       |                     | .00              |             |
|     | 8f.                                                                                                                                                                                                                                                                                                                                                                                                                   | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: | 8f.      | ,    | <b>.</b>          | 0.00  | \$       | 0                   | .00              |             |
|     | 8g.                                                                                                                                                                                                                                                                                                                                                                                                                   | Pension or retirement income                                                                                                                                                                                                                                            | – 8g     |      | ·                 | 0.00  | \$<br>-  |                     | .00              |             |
|     | 8h.                                                                                                                                                                                                                                                                                                                                                                                                                   | Other monthly income. Specify:                                                                                                                                                                                                                                          | 8h       |      | ·                 | 0.00  |          |                     | .00              |             |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                         | _        | Ε.   |                   |       |          |                     | $\equiv$         |             |
| 9.  | Add                                                                                                                                                                                                                                                                                                                                                                                                                   | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.                                                                                                                                                                                                                  | 9.       | \$   | (                 | 0.00  | \$_      |                     | 0.00             |             |
| 10. | Cal                                                                                                                                                                                                                                                                                                                                                                                                                   | culate monthly income. Add line 7 + line 9.                                                                                                                                                                                                                             | 10.      | \$   | 2,094.75          | + \$  | 1,8      | 8 <b>50.87</b> = \$ | 3                | ,945.62     |
|     | Add                                                                                                                                                                                                                                                                                                                                                                                                                   | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.                                                                                                                                                                                                  | L        |      | •                 |       |          |                     |                  |             |
| 11. | <ol> <li>State all other regular contributions to the expenses that you list in Schedule J.         Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.         Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.         Specify:</li></ol> |                                                                                                                                                                                                                                                                         |          |      |                   |       |          |                     |                  |             |
| 12. | Wri                                                                                                                                                                                                                                                                                                                                                                                                                   | d the amount in the last column of line 10 to the amount in line 11. The restet that amount on the Summary of Schedules and Statistical Summary of Certaillies                                                                                                          |          |      |                   |       |          | 12. \$_             |                  | 3,945.62    |
| 13. | Do                                                                                                                                                                                                                                                                                                                                                                                                                    | you expect an increase or decrease within the year after you file this form                                                                                                                                                                                             | ?        |      |                   |       |          |                     | nbine<br>nthly i | d<br>income |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                       | No.<br>Yes. Explain:                                                                                                                                                                                                                                                    |          |      |                   |       |          |                     |                  |             |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                       | I VO. LAVIGIII.                                                                                                                                                                                                                                                         |          |      |                   |       |          |                     |                  |             |

Schedule I: Your Income

page 2

Official Form 106I

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| Fill i       | n this information to id                  | lentify your case:                    |                                                                                    |                                        | 1              |                                        |                               |  |  |  |  |
|--------------|-------------------------------------------|---------------------------------------|------------------------------------------------------------------------------------|----------------------------------------|----------------|----------------------------------------|-------------------------------|--|--|--|--|
| Debt         | Stephen Foglio                            |                                       |                                                                                    |                                        |                | Check if this is:  ☐ An amended filing |                               |  |  |  |  |
| Debt<br>(Spo | tor 2<br>buse, if filing)                 |                                       |                                                                                    |                                        |                |                                        | ving postpetition chapter     |  |  |  |  |
| ` .          |                                           | NODTI                                 | 13 expenses as of the following date:                                              |                                        |                |                                        |                               |  |  |  |  |
| Unite        | ed States Bankruptcy Col                  | art for the: NOR II                   | HERN DISTRICT OF ILLIN                                                             | OIS                                    |                | MM / DD / YYYY                         |                               |  |  |  |  |
| 1            | e number<br>nown)                         |                                       |                                                                                    |                                        |                |                                        |                               |  |  |  |  |
|              | ficial Form 1                             |                                       |                                                                                    |                                        |                |                                        |                               |  |  |  |  |
|              | hedule J: Y                               |                                       |                                                                                    | a filia a ta wathan b                  | -41            | .all., naan anaikla fe                 | 12/15                         |  |  |  |  |
| info         |                                           | ce is needed, atta                    | <ul> <li>If two married people ar<br/>ach another sheet to this<br/>on.</li> </ul> |                                        |                |                                        |                               |  |  |  |  |
| Part         | 1: Describe You Is this a joint case?     |                                       |                                                                                    |                                        |                |                                        |                               |  |  |  |  |
| 1.           | ■ No. Go to line 2.                       |                                       |                                                                                    |                                        |                |                                        |                               |  |  |  |  |
|              | ☐ Yes. Does Debto                         | r 2 live in a separ                   | rate household?                                                                    |                                        |                |                                        |                               |  |  |  |  |
|              | □ No                                      |                                       |                                                                                    |                                        |                |                                        |                               |  |  |  |  |
|              | ☐ Yes. Debt                               | or 2 must file Offic                  | ial Form 106J-2, Expenses                                                          | for Separate House                     | ehold of Deb   | otor 2.                                |                               |  |  |  |  |
| 2.           | Do you have dependents? ■ No              |                                       |                                                                                    |                                        |                |                                        |                               |  |  |  |  |
|              | Do not list Debtor 1 a<br>Debtor 2.       | and Yes.                              | Fill out this information for each dependent                                       | Dependent's relat<br>Debtor 1 or Debto |                | Dependent's age                        | Does dependent live with you? |  |  |  |  |
|              | Do not state the                          |                                       |                                                                                    |                                        |                |                                        | □ No                          |  |  |  |  |
|              | dependents names.                         |                                       |                                                                                    |                                        |                | _                                      | □ Yes<br>□ No                 |  |  |  |  |
|              |                                           |                                       |                                                                                    |                                        |                |                                        | ☐ Yes                         |  |  |  |  |
|              |                                           |                                       |                                                                                    |                                        |                |                                        | □ No                          |  |  |  |  |
|              |                                           |                                       |                                                                                    |                                        |                |                                        | ☐ Yes<br>☐ No                 |  |  |  |  |
|              |                                           |                                       |                                                                                    |                                        |                |                                        | ☐ Yes                         |  |  |  |  |
| 3.           | Do your expenses i                        |                                       | l <sub>No</sub>                                                                    |                                        |                |                                        |                               |  |  |  |  |
|              | expenses of people<br>yourself and your d |                                       | l Yes                                                                              |                                        |                |                                        |                               |  |  |  |  |
| Part         | 2: Estimate You                           | r Ongoing Month                       | ly Fynansas                                                                        |                                        |                |                                        |                               |  |  |  |  |
| Esti         | mate your expenses                        | as of your bankr                      | uptcy filing date unless y<br>cy is filed. If this is a supp                       |                                        |                |                                        |                               |  |  |  |  |
| the          |                                           |                                       | government assistance in cluded it on Schedule I: Y                                |                                        |                | Your exp                               | enses                         |  |  |  |  |
| (•           | ,                                         |                                       |                                                                                    |                                        | _              |                                        |                               |  |  |  |  |
| 4.           | The rental or home payments and any re    |                                       | nses for your residence. In<br>or lot.                                             | nclude first mortgag                   | e<br>4. S      | \$                                     | 1,100.00                      |  |  |  |  |
|              | If not included in lir                    | ne 4:                                 |                                                                                    |                                        |                |                                        |                               |  |  |  |  |
|              | 4a. Real estate tax                       | xes                                   |                                                                                    |                                        | 4a. \$         | \$                                     | 0.00                          |  |  |  |  |
|              |                                           | eowner's, or rente                    |                                                                                    |                                        | 4b. 3          | ·                                      | 0.00                          |  |  |  |  |
|              |                                           | nance, repair, and association or con |                                                                                    |                                        | 4c. 5<br>4d. 5 | ·                                      | 75.00<br>0.00                 |  |  |  |  |
| 5.           |                                           |                                       | our residence, such as ho                                                          | me equity loans                        | 5. S           | ·                                      | 0.00                          |  |  |  |  |

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| Debtor 1 Step | hen Foglio                                                                                                       | Case num        | ber (if known)     |                        |
|---------------|------------------------------------------------------------------------------------------------------------------|-----------------|--------------------|------------------------|
| . Utilities:  |                                                                                                                  |                 |                    |                        |
|               | ricity, heat, natural gas                                                                                        | 6a.             | \$                 | 273.00                 |
|               | r, sewer, garbage collection                                                                                     | 6b.             | \$                 | 93.00                  |
|               | phone, cell phone, Internet, satellite, and cable services                                                       | 6c.             |                    | 373.00                 |
|               | r. Specify:                                                                                                      | 6d.             | ,                  | 0.00                   |
|               | nousekeeping supplies                                                                                            | ou.<br>7.       | ·                  |                        |
|               |                                                                                                                  |                 |                    | 612.00                 |
|               | and children's education costs                                                                                   | 8.              | \$                 | 0.00                   |
| -             | aundry, and dry cleaning                                                                                         | 9.              | \$                 | 100.00                 |
|               | are products and services                                                                                        | 10.             | \$                 | 109.00                 |
|               | d dental expenses                                                                                                | 11.             | \$                 | 80.00                  |
|               | tion. Include gas, maintenance, bus or train fare.                                                               | 12.             | ¢                  | 450.00                 |
|               | ude car payments.                                                                                                |                 |                    |                        |
|               | nent, clubs, recreation, newspapers, magazines, and books                                                        | 13.             | ·                  | 0.00                   |
|               | contributions and religious donations                                                                            | 14.             | \$                 | 0.00                   |
| Insurance.    |                                                                                                                  |                 |                    |                        |
|               | ude insurance deducted from your pay or included in lines 4 or 20.                                               |                 | •                  | <b>-</b>               |
| 15a. Life i   |                                                                                                                  | 15a.            |                    | 0.00                   |
|               | th insurance                                                                                                     | 15b.            | ·                  | 0.00                   |
| 15c. Vehic    | cle insurance                                                                                                    | 15c.            |                    | 155.16                 |
| 15d. Othe     | r insurance. Specify:                                                                                            | 15d.            | \$                 | 0.00                   |
| . Taxes. Do   | not include taxes deducted from your pay or included in lines 4 or 20.                                           |                 |                    |                        |
| Specify:      |                                                                                                                  | 16.             | \$                 | 0.00                   |
|               | t or lease payments:                                                                                             |                 |                    |                        |
| 17a. Car p    | payments for Vehicle 1                                                                                           | 17a.            | \$                 | 0.00                   |
| 17b. Car p    | payments for Vehicle 2                                                                                           | 17b.            | \$                 | 0.00                   |
| 17c. Othe     | r. Specify:                                                                                                      | 17c.            | \$                 | 0.00                   |
| 17d. Othe     | r. Specify:                                                                                                      | 17d.            | \$                 | 0.00                   |
| . Your paym   | ents of alimony, maintenance, and support that you did not report                                                |                 |                    |                        |
| deducted f    | rom your pay on line 5, Schedule I, Your Income (Official Form 106                                               | SI). 18.        | \$                 | 260.00                 |
| . Other payr  | nents you make to support others who do not live with you.                                                       |                 | \$                 | 0.00                   |
| Specify:      |                                                                                                                  | 19.             |                    |                        |
| . Other real  | property expenses not included in lines 4 or 5 of this form or on S                                              | chedule I: Yo   | our Income.        |                        |
| 20a. Mort     | gages on other property                                                                                          | 20a.            | \$                 | 0.00                   |
| 20b. Real     | estate taxes                                                                                                     | 20b.            | \$                 | 0.00                   |
| 20c. Prop     | erty, homeowner's, or renter's insurance                                                                         | 20c.            | \$                 | 0.00                   |
|               | tenance, repair, and upkeep expenses                                                                             | 20d.            | \$                 | 0.00                   |
|               | eowner's association or condominium dues                                                                         | 20e.            |                    | 0.00                   |
|               |                                                                                                                  | 21.             | ·                  |                        |
| . Other: Spe  | cify: Pet Care                                                                                                   |                 | - Ψ                | 100.00                 |
| . Calculate   | our monthly expenses                                                                                             |                 |                    |                        |
| 22a. Add lir  | nes 4 through 21.                                                                                                |                 | \$                 | 3,780.16               |
| 22b. Copy I   | ine 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-                                         | -2              | \$                 | <u> </u>               |
|               | ne 22a and 22b. The result is your monthly expenses.                                                             |                 | \$                 | 3,780.16               |
| ZZO. AUU III  | to 224 and 220. The result is your monthly expenses.                                                             |                 |                    | 3,700.10               |
|               | our monthly net income.                                                                                          |                 | ,                  |                        |
| 23a. Copy     | line 12 (your combined monthly income) from Schedule I.                                                          | 23a.            | \$                 | 3,945.62               |
|               | your monthly expenses from line 22c above.                                                                       | 23b.            | -\$                | 3,780.16               |
|               |                                                                                                                  |                 | ·                  |                        |
| 23c. Subt     | ract your monthly expenses from your monthly income.                                                             |                 |                    |                        |
|               | result is your monthly net income.                                                                               | 23c.            | \$                 | 165.46                 |
|               | •                                                                                                                |                 |                    |                        |
|               | pect an increase or decrease in your expenses within the year after                                              |                 |                    |                        |
|               | do you expect to finish paying for your car loan within the year or do you expect to the terms of your mortgage? | your mortgage p | payment to increas | se or decrease because |
|               | to the terms of your mortgage?                                                                                   |                 |                    |                        |
| No.           |                                                                                                                  |                 |                    |                        |
| ☐ Yes.        | Explain here:                                                                                                    | <del></del>     |                    |                        |

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|                                |                                                              |                          |              |                                                |                    | 1                                                                |  |
|--------------------------------|--------------------------------------------------------------|--------------------------|--------------|------------------------------------------------|--------------------|------------------------------------------------------------------|--|
| Fill in this i                 | nformation to identify your                                  | case:                    |              |                                                |                    |                                                                  |  |
| Debtor 1                       | Stephen Foglio                                               |                          |              |                                                |                    |                                                                  |  |
|                                | First Name                                                   | Middle Name              | La           | st Name                                        |                    |                                                                  |  |
| Debtor 2<br>(Spouse if, filing | ) First Name                                                 | Middle Name              | La           | st Name                                        |                    |                                                                  |  |
|                                | •                                                            | NODTHERN BIOTRIO         | T OF         | 10                                             |                    |                                                                  |  |
| United State                   | es Bankruptcy Court for the:                                 | NORTHERN DISTRIC         | I OF ILLINC  | <u> </u>                                       |                    |                                                                  |  |
| Case number                    | er                                                           |                          |              |                                                |                    |                                                                  |  |
| (if known)                     |                                                              |                          |              |                                                |                    | ☐ Check if this is an                                            |  |
|                                |                                                              |                          |              |                                                |                    | amended filing                                                   |  |
|                                |                                                              |                          |              |                                                |                    |                                                                  |  |
| Official F                     | orm 106Dec                                                   |                          |              |                                                |                    |                                                                  |  |
|                                |                                                              | مريام المطالعة           | l Dabt       | orlo Cob                                       | ممارياهم           |                                                                  |  |
| Deciai                         | ration About a                                               | an individua             | i Debt       | or s Scn                                       | leaules            | 12/15                                                            |  |
| obtaining m                    | oney or property by fraud i<br>th. 18 U.S.C. §§ 152, 1341, 1 | n connection with a ban  |              |                                                |                    | tement, concealing property, or 00, or imprisonment for up to 20 |  |
|                                | Sign Below                                                   |                          |              |                                                |                    |                                                                  |  |
| Did yo                         | u pay or agree to pay some                                   | eone who is NOT an atto  | rney to help | you fill out ban                               | nkruptcy forms?    |                                                                  |  |
| ■ No                           | 0                                                            |                          |              |                                                |                    |                                                                  |  |
| □ Ye                           | es. Name of person                                           |                          |              | nkruptcy Petition Preparer's Notice,           |                    |                                                                  |  |
| _                              | ·                                                            |                          |              | Declaration, and Signature (Official Form 119) |                    |                                                                  |  |
|                                | penalty of perjury, I declare<br>by are true and correct.    | that I have read the sur | nmary and s  | chedules filed v                               | with this declarat | ion and                                                          |  |
| X /s/                          | Stephen Foglio                                               |                          | Х            |                                                |                    |                                                                  |  |
| Ste                            | ephen Foglio                                                 |                          |              | Signature of De                                | ebtor 2            |                                                                  |  |
| Sig                            | nature of Debtor 1                                           |                          |              |                                                |                    |                                                                  |  |
| Dat                            | e August 30, 2017                                            |                          |              | Date                                           |                    |                                                                  |  |
|                                |                                                              |                          |              |                                                |                    |                                                                  |  |

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| Fill     | in this inform                            | nation to identify you                                                       | r case:                                                                                      |                                                 |                                                            |                                                       |  |  |  |
|----------|-------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------|--|--|--|
| Del      | otor 1                                    | Stephen Foglio                                                               |                                                                                              |                                                 |                                                            |                                                       |  |  |  |
| <b>D</b> | 0                                         | First Name                                                                   | Middle Name                                                                                  | Last Name                                       |                                                            |                                                       |  |  |  |
|          | otor 2<br>ouse if, filing)                | First Name                                                                   | Middle Name                                                                                  | Last Name                                       |                                                            |                                                       |  |  |  |
| Uni      | ted States Bar                            | nkruptcy Court for the:                                                      | NORTHERN DISTRICT C                                                                          | OF ILLINOIS                                     |                                                            |                                                       |  |  |  |
| Cas      | se number                                 |                                                                              |                                                                                              |                                                 |                                                            |                                                       |  |  |  |
| (if kr   | nown)                                     |                                                                              |                                                                                              |                                                 | _                                                          | theck if this is an mended filing                     |  |  |  |
|          |                                           |                                                                              |                                                                                              |                                                 |                                                            |                                                       |  |  |  |
| ∩f       | ficial Fo                                 | m 107                                                                        |                                                                                              |                                                 |                                                            |                                                       |  |  |  |
|          |                                           |                                                                              | Affaire for Individ                                                                          | luals Eiling for B                              | ankruptov                                                  | A / A /                                               |  |  |  |
|          |                                           |                                                                              | Affairs for Individ                                                                          |                                                 |                                                            | 4/16                                                  |  |  |  |
|          |                                           |                                                                              |                                                                                              |                                                 | equally responsible for sup<br>additional pages, write you |                                                       |  |  |  |
|          |                                           | n). Answer every ques                                                        | •                                                                                            |                                                 | audinonai pugoo, iinio you                                 |                                                       |  |  |  |
| Pai      | t 1: Give D                               | etails About Your Ma                                                         | rital Status and Where You                                                                   | Lived Before                                    |                                                            |                                                       |  |  |  |
| 1.       | <u> </u>                                  | current marital statu                                                        |                                                                                              |                                                 |                                                            |                                                       |  |  |  |
|          | _                                         |                                                                              |                                                                                              |                                                 |                                                            |                                                       |  |  |  |
|          | <ul><li>Married</li><li>Not mar</li></ul> | ried                                                                         |                                                                                              |                                                 |                                                            |                                                       |  |  |  |
| 2.       |                                           |                                                                              | lived anywhere other than                                                                    | whore you live new?                             |                                                            |                                                       |  |  |  |
| ۷.       | During the la                             | ing the last 3 years, have you lived anywhere other than where you live now? |                                                                                              |                                                 |                                                            |                                                       |  |  |  |
|          | ■ No                                      |                                                                              |                                                                                              |                                                 |                                                            |                                                       |  |  |  |
|          | ☐ Yes. Lis                                | t all of the places you l                                                    | ived in the last 3 years. Do no                                                              | ot include where you live now                   |                                                            |                                                       |  |  |  |
|          | Debtor 1 Pr                               | ior Address:                                                                 | Dates Debtor 1 lived there                                                                   | Debtor 2 Prior Ad                               | dress:                                                     | Dates Debtor 2<br>lived there                         |  |  |  |
| 3.       | Within the la                             | st 8 years, did you ev                                                       | ver live with a spouse or leg                                                                | jal equivalent in a commun                      | ity property state or territory                            | ? (Community property                                 |  |  |  |
| state    | es and territori                          | es include Arizona, Ca                                                       | lifornia, Idaho, Louisiana, Ne                                                               | vada, New Mexico, Puerto Ri                     | co, Texas, Washington and W                                | /isconsin.)                                           |  |  |  |
|          | ■ No                                      |                                                                              |                                                                                              |                                                 |                                                            |                                                       |  |  |  |
|          | ☐ Yes. Ma                                 | ke sure you fill out Sch                                                     | nedule H: Your Codebtors (Of                                                                 | ficial Form 106H).                              |                                                            |                                                       |  |  |  |
| Da       | # 2 Evaloi:                               | n the Courses of Vou                                                         | r Incomo                                                                                     |                                                 |                                                            |                                                       |  |  |  |
| rai      | t 2 Explai                                | n the Sources of You                                                         | rincome                                                                                      |                                                 |                                                            |                                                       |  |  |  |
| 4.       | Fill in the tota                          | I amount of income yo                                                        | nployment or from operatin<br>u received from all jobs and a<br>have income that you receive | all businesses, including part-                 |                                                            | ndar years?                                           |  |  |  |
|          |                                           |                                                                              |                                                                                              |                                                 |                                                            |                                                       |  |  |  |
|          | □ No ■ Vos Fill                           | in the details.                                                              |                                                                                              |                                                 |                                                            |                                                       |  |  |  |
|          | <b>—</b> 163.1111                         | iii tile details.                                                            |                                                                                              |                                                 |                                                            |                                                       |  |  |  |
|          |                                           |                                                                              | Debtor 1                                                                                     |                                                 | Debtor 2                                                   |                                                       |  |  |  |
|          |                                           |                                                                              | Sources of income<br>Check all that apply.                                                   | Gross income (before deductions and exclusions) | Sources of income<br>Check all that apply.                 | Gross income<br>(before deductions<br>and exclusions) |  |  |  |
|          |                                           | of current year until<br>d for bankruptcy:                                   | ■ Wages, commissions, bonuses, tips                                                          | \$16,759.37                                     | ☐ Wages, commissions, bonuses, tips                        |                                                       |  |  |  |
|          |                                           |                                                                              | ☐ Operating a business                                                                       |                                                 | ☐ Operating a business                                     |                                                       |  |  |  |

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Case number (if known) Document

Debtor 1 Stephen Foglio

|                                                                                             | Debtor 1                                                                                                                    |                                                        | Debtor 2                                         |                                                       |
|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------|
|                                                                                             | Sources of income<br>Check all that apply.                                                                                  | Gross income<br>(before deductions and<br>exclusions)  | Sources of income<br>Check all that apply.       | Gross income<br>(before deductions<br>and exclusions) |
| For last calendar year:<br>(January 1 to December 31, 2016)                                 | ■ Wages, commissions, bonuses, tips                                                                                         | \$34,910.00                                            | ☐ Wages, commissions, bonuses, tips              |                                                       |
|                                                                                             | ☐ Operating a business                                                                                                      |                                                        | ☐ Operating a business                           |                                                       |
| For the calendar year before that:<br>(January 1 to December 31, 2015)                      | ■ Wages, commissions, bonuses, tips                                                                                         | \$42,327.00                                            | ☐ Wages, commissions, bonuses, tips              |                                                       |
|                                                                                             | ☐ Operating a business                                                                                                      |                                                        | ☐ Operating a business                           |                                                       |
| For the calendar year:<br>(January 1 to December 31, 2014)                                  | ■ Wages, commissions, bonuses, tips                                                                                         | \$31,591.00                                            | ☐ Wages, commissions, bonuses, tips              |                                                       |
|                                                                                             | ☐ Operating a business                                                                                                      |                                                        | ☐ Operating a business                           |                                                       |
| For the calendar year:<br>(January 1 to December 31, 2013)                                  | ■ Wages, commissions, bonuses, tips                                                                                         | \$23,574.00                                            | ☐ Wages, commissions, bonuses, tips              |                                                       |
|                                                                                             | ☐ Operating a business                                                                                                      |                                                        | ☐ Operating a business                           |                                                       |
| Yes. Fill in the details.                                                                   | Debtor 1 Sources of income Describe below.                                                                                  | Gross income from each source (before deductions and   | Debtor 2<br>Sources of income<br>Describe below. | Gross income<br>(before deductions<br>and exclusions) |
| For last calendar years                                                                     |                                                                                                                             | exclusions)                                            |                                                  | ,                                                     |
| For last calendar year:<br>(January 1 to December 31, 2016)                                 | Business Income per<br>1040                                                                                                 | \$9,935.00                                             |                                                  |                                                       |
|                                                                                             | IRA per 1040                                                                                                                | \$17,241.00                                            |                                                  |                                                       |
| For the calendar year:<br>(January 1 to December 31, 2014)                                  | Unemployment                                                                                                                | \$1,848.00                                             |                                                  |                                                       |
| For the calendar year:<br>(January 1 to December 31, 2013)                                  | Unemployment                                                                                                                | \$1,532.00                                             |                                                  |                                                       |
| •                                                                                           |                                                                                                                             |                                                        |                                                  |                                                       |
|                                                                                             |                                                                                                                             |                                                        |                                                  |                                                       |
| Part 3: List Certain Payments You                                                           | u Made Before You Filed for                                                                                                 | Bankruptcy                                             |                                                  |                                                       |
| 6. Are either Debtor 1's or Debtor 2  No. Neither Debtor 1 nor I                            |                                                                                                                             | r debts?<br>umer debts. Consumer debts                 | are defined in 11 U.S.C. § 10                    | 11(8) as "incurred by a                               |
| 6. Are either Debtor 1's or Debtor 2  No. Neither Debtor 1 nor I individual primarily for a | 2's debts primarily consumer Debtor 2 has primarily consu a personal, family, or househol fore you filed for bankruptcy, di | r debts?<br>umer debts. Consumer debts<br>ld purpose." |                                                  | 11(8) as "incurred by a                               |

not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Document Page 39 of 65 Debtor 1 Stephen Foglio Case number (if known) Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. **Creditor's Name and Address Dates of payment Total amount** Amount you Was this payment for ... still owe paid Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No Yes. List all payments to an insider. Insider's Name and Address Dates of payment **Total amount** Amount vou Reason for this payment still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider Insider's Name and Address Reason for this payment Dates of payment Total amount Amount you Include creditor's name paid still owe Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. Nο Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address** Value of the **Describe the Property** Date property Explain what happened 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount taken 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No П Yes

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Case 17-26066

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Case number (if known) Debtor 1 Stephen Foglio

| Pai | t 5: List Certain Gifts and Contribution                                                                                                                                                                       | s                                                                                                                                                             |                                         |                              |  |  |  |  |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------------|--|--|--|--|
| 13. | Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?  ■ No □ Yes. Fill in the details for each gift.                                       |                                                                                                                                                               |                                         |                              |  |  |  |  |
|     | Gifts with a total value of more than \$60 per person                                                                                                                                                          | 0 Describe the gifts                                                                                                                                          | Dates you gave the gifts                | Value                        |  |  |  |  |
|     | Person to Whom You Gave the Gift and Address:                                                                                                                                                                  |                                                                                                                                                               |                                         |                              |  |  |  |  |
| 14. | Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?  ■ No  ■ Yes. Fill in the details for each gift or contribution. |                                                                                                                                                               |                                         |                              |  |  |  |  |
|     | Gifts or contributions to charities that t<br>more than \$600<br>Charity's Name<br>Address (Number, Street, City, State and ZIP Code                                                                           | ŕ                                                                                                                                                             | Dates you contributed                   | Value                        |  |  |  |  |
| Pai | t 6: List Certain Losses                                                                                                                                                                                       |                                                                                                                                                               |                                         |                              |  |  |  |  |
| 15. | Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?                                                    |                                                                                                                                                               |                                         |                              |  |  |  |  |
|     | Yes. Fill in the details.                                                                                                                                                                                      |                                                                                                                                                               |                                         |                              |  |  |  |  |
|     | Describe the property you lost and how the loss occurred                                                                                                                                                       | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  | Date of your loss                       | Value of property lost       |  |  |  |  |
|     | 3 guitars                                                                                                                                                                                                      | Homeowners                                                                                                                                                    | 5/2016-8/2016                           | \$4,000.00                   |  |  |  |  |
| Pai | t 7: List Certain Payments or Transfers                                                                                                                                                                        | i e                                                                                                                                                           |                                         |                              |  |  |  |  |
| 16. | consulted about seeking bankruptcy or                                                                                                                                                                          | ptcy, did you or anyone else acting on your behalf pay or<br>preparing a bankruptcy petition?<br>reparers, or credit counseling agencies for services require |                                         | rty to anyone you            |  |  |  |  |
|     | □ No                                                                                                                                                                                                           |                                                                                                                                                               |                                         |                              |  |  |  |  |
|     | Yes. Fill in the details.                                                                                                                                                                                      |                                                                                                                                                               |                                         |                              |  |  |  |  |
|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not Y                                                                                                            | Description and value of any property transferred                                                                                                             | Date payment<br>or transfer was<br>made | Amount of payment \$1,550.00 |  |  |  |  |
|     | Upright Law LLC<br>79 West Monroe<br>Fifith Floor<br>Chicago, IL 60603<br>dgallagher@uprightlaw.com                                                                                                            | Attorney Fees                                                                                                                                                 | 4/2017-8/2017                           |                              |  |  |  |  |
|     | Clearing Solutions<br>2764 N Green Valley Pkwy #258<br>Henderson, NV 89014                                                                                                                                     | Debt Consolidation Company                                                                                                                                    | 2016-2017                               | \$5,000.00                   |  |  |  |  |

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Debtor 1 Stephen Foglio

| 17. | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  Do not include any payment or transfer that you listed on line 16.                                                                                                      |                                                               |                                |                                                               |                                                  |  |  |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|--------------------------------|---------------------------------------------------------------|--------------------------------------------------|--|--|
|     | Yes. Fill in the details.  Person Who Was Paid  Address                                                                                                                                                                                                                                                                                                                                              | Description and v                                             | alue of any prope              | rty Date paymo<br>or transfer<br>made                         |                                                  |  |  |
| 18. | Within 2 years before you filed for bankrupt transferred in the ordinary course of your be include both outright transfers and transfers minclude gifts and transfers that you have alread No  Yes, Fill in the details.                                                                                                                                                                             | ousiness or financial affa<br>ade as security (such as        | airs?<br>the granting of a sec | er any property to anyor                                      |                                                  |  |  |
|     | Person Who Received Transfer Address  Person's relationship to you                                                                                                                                                                                                                                                                                                                                   | Description and v                                             |                                | Describe any property payments received or o paid in exchange |                                                  |  |  |
| 19. | Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pn No  ☐ Yes. Fill in the details.                                                                                                                                                                                                                                                                           |                                                               | ny property to a sel           | If-settled trust or similar                                   | device of which you are a                        |  |  |
|     | Name of trust                                                                                                                                                                                                                                                                                                                                                                                        | Description and v                                             | alue of the proper             | ty transferred                                                | Date Transfer was made                           |  |  |
| Pai | t 8: List of Certain Financial Accounts, In                                                                                                                                                                                                                                                                                                                                                          | struments, Safe Deposi                                        | t Boxes, and Stora             | ge Units                                                      |                                                  |  |  |
| 20. | Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. |                                                               |                                |                                                               |                                                  |  |  |
|     | Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                                                                            |                                                               |                                | <b>.</b>                                                      |                                                  |  |  |
|     | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)                                                                                                                                                                                                                                                                                                                 | Last 4 digits of account number                               | Type of account instrument     | or Date account work closed, sold, moved, or transferred      | as Last balance<br>before closing or<br>transfer |  |  |
| 21. | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?                                                                                                                                                                                                                                   |                                                               |                                |                                                               |                                                  |  |  |
|     | ■ No □ Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                                                                     |                                                               |                                |                                                               |                                                  |  |  |
|     | Name of Financial Institution Address (Number, Street, City, State and ZIP Code)                                                                                                                                                                                                                                                                                                                     | Who else had acc<br>Address (Number, S<br>State and ZIP Code) |                                | escribe the contents                                          | Do you still have it?                            |  |  |
| 22. | Have you stored property in a storage unit                                                                                                                                                                                                                                                                                                                                                           | or place other than you                                       | home within 1 yea              | ar before you filed for ba                                    | nkruptcy?                                        |  |  |
|     | ■ No □ Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                                                                     |                                                               |                                |                                                               |                                                  |  |  |
|     | Name of Storage Facility<br>Address (Number, Street, City, State and ZIP Code)                                                                                                                                                                                                                                                                                                                       | Who else has or to it? Address (Number, State and ZIP Code)   |                                | escribe the contents                                          | Do you still have it?                            |  |  |

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Debtor 1 Stephen Foglio

| Par                                                                                    | rt 9: Identify Prope                                                                                                                                   | erty You Hold or Control for                                                  | Someone Else                                                                                                  |        |                                   |                       |  |  |
|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|--------|-----------------------------------|-----------------------|--|--|
| 23.                                                                                    | 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. |                                                                               |                                                                                                               |        |                                   |                       |  |  |
|                                                                                        | ■ No                                                                                                                                                   |                                                                               |                                                                                                               |        |                                   |                       |  |  |
|                                                                                        | ☐ Yes. Fill in the                                                                                                                                     | details.                                                                      |                                                                                                               |        |                                   |                       |  |  |
|                                                                                        | Owner's Name<br>Address (Number, Str                                                                                                                   | reet, City, State and ZIP Code)                                               | Where is the property?<br>(Number, Street, City, State and ZIP<br>Code)                                       | Des    | scribe the property               | Value                 |  |  |
| Par                                                                                    | rt 10: Give Details A                                                                                                                                  | About Environmental Inform                                                    | aation                                                                                                        |        |                                   |                       |  |  |
| For                                                                                    | the purpose of Part                                                                                                                                    | 10, the following definitions                                                 | apply:                                                                                                        |        |                                   |                       |  |  |
|                                                                                        | toxic substances, v                                                                                                                                    | vastes, or material into the a                                                | r local statute or regulation concertair, land, soil, surface water, ground<br>bstances, wastes, or material. |        |                                   |                       |  |  |
|                                                                                        | •                                                                                                                                                      | ation, facility, or property as<br>utilize it, including disposa              | s defined under any environmental<br>I sites.                                                                 | law,   | whether you now own, operate,     | or utilize it or used |  |  |
|                                                                                        |                                                                                                                                                        | / means anything an enviror<br>, pollutant, contaminant, or                   | nmental law defines as a hazardous<br>similar term.                                                           | s was  | ste, hazardous substance, toxic   | substance,            |  |  |
| Rep                                                                                    | ort all notices, releas                                                                                                                                | ses, and proceedings that y                                                   | ou know about, regardless of whe                                                                              | n the  | y occurred.                       |                       |  |  |
| 24.                                                                                    | Has any governmen                                                                                                                                      | ntal unit notified you that yo                                                | u may be liable or potentially liable                                                                         | e und  | er or in violation of an environm | ental law?            |  |  |
|                                                                                        | ■ No<br>□ Yes. Fill in the                                                                                                                             | details.                                                                      |                                                                                                               |        |                                   |                       |  |  |
|                                                                                        | Name of site<br>Address (Number, Str                                                                                                                   | eet, City, State and ZIP Code)                                                | Governmental unit<br>Address (Number, Street, City, State an<br>ZIP Code)                                     |        | Environmental law, if you know it | Date of notice        |  |  |
| 25.                                                                                    | Have you notified a                                                                                                                                    | Have you notified any governmental unit of any release of hazardous material? |                                                                                                               |        |                                   |                       |  |  |
|                                                                                        | ■ No<br>□ Yes. Fill in the                                                                                                                             | details.                                                                      |                                                                                                               |        |                                   |                       |  |  |
|                                                                                        | Name of site<br>Address (Number, Str                                                                                                                   | reet, City, State and ZIP Code)                                               | Governmental unit<br>Address (Number, Street, City, State an<br>ZIP Code)                                     |        | Environmental law, if you know it | Date of notice        |  |  |
| 26.                                                                                    | Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.                        |                                                                               |                                                                                                               |        |                                   |                       |  |  |
|                                                                                        | ■ No                                                                                                                                                   |                                                                               |                                                                                                               |        |                                   |                       |  |  |
|                                                                                        | Yes. Fill in the                                                                                                                                       | details.                                                                      |                                                                                                               |        |                                   |                       |  |  |
|                                                                                        | Case Title Case Number                                                                                                                                 |                                                                               | Court or agency Name Address (Number, Street, City, State and ZIP Code)                                       | Nat    | ure of the case                   | Status of the case    |  |  |
| Par                                                                                    | rt 11: Give Details A                                                                                                                                  | About Your Business or Cor                                                    | nnections to Any Business                                                                                     |        |                                   |                       |  |  |
| 27.                                                                                    | Within 4 years befo                                                                                                                                    | re you filed for bankruptcy,                                                  | did you own a business or have ar                                                                             | ny of  | the following connections to an   | y business?           |  |  |
|                                                                                        | ■ A sole prop                                                                                                                                          | rietor or self-employed in a                                                  | trade, profession, or other activity                                                                          | , eith | er full-time or part-time         |                       |  |  |
| ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) |                                                                                                                                                        |                                                                               |                                                                                                               |        |                                   |                       |  |  |
|                                                                                        | ☐ A partner in                                                                                                                                         | a partnership                                                                 |                                                                                                               |        |                                   |                       |  |  |
|                                                                                        | ☐ An officer, o                                                                                                                                        | director, or managing execu                                                   | itive of a corporation                                                                                        |        |                                   |                       |  |  |
|                                                                                        | ☐ An owner of at least 5% of the voting or equity securities of a corporation                                                                          |                                                                               |                                                                                                               |        |                                   |                       |  |  |

Case 17-26066 Doc 1 Filed 08/30/17 Entered 08/30/17 15:17:26 Page 43 of 65 Document Case number (if known) Debtor 1 Stephen Foglio No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed Stephen Foglio **Driver-Uber** EIN: 3378 0N 654 Essex Ln. From-To 7/2016 to present Winfield, IL 60190 Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. Name **Date Issued Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Stephen Foglio Stephen Foglio Signature of Debtor 2 Signature of Debtor 1 Date August 30, 2017 **Date** Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter | 7:   | Liquidation        |
|---------|------|--------------------|
| \$      | 245  | filing fee         |
|         | \$75 | administrative fee |
| +       | \$15 | trustee surcharge  |
| \$      | 335  | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.</a>

### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

## RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

### (Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtor and the attorney that conflicts with this agreement is void.

### A. BEFORE THE CASE IS FILED

### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.

- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

### B. AFTER THE CASE IS FILED

### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce).
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor, in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

# C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

### D. RETAINERS AND PREVIOUS PAYMENTS

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.

□The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:

- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the Chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;

- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the Chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

[Remaining page intentionally left blank.]

### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00.
- 2. In addition, the debtor will pay the filing fee required in the case and other expenses of \$310.00.
- 3. Before signing this agreement, the attorney has received, \$1,550.00 toward the flat fee, leaving a balance due of \$2,450.00; and \$0.00 for expenses,

leaving a balance due for the filing fee of \$0.00.

4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date:August 30, 2017                  |                            |  |  |
|---------------------------------------|----------------------------|--|--|
| Signed:                               |                            |  |  |
| /s/ Stephen Foglio                    | /s/ David Gallagher        |  |  |
| Stephen Foglio                        | David Gallagher            |  |  |
|                                       | Attorney for the Debtor(s) |  |  |
|                                       |                            |  |  |
| Debtor(s)                             |                            |  |  |
| Do not sign this agreement if the amo | ounts are blank.           |  |  |

**Local Bankruptcy Form 23c** 

Case 17-26066 Doc 1 Filed 08/30/17 Entered 08/30/17 15:17:26 Desc Main Document Page 54 of 65

B2030 (Form 2030) (12/15)

### **United States Bankruptcy Court** Northern District of Illinois

| In r | e Stephen Foglio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                             | Case No.            |                                     |  |  |  |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|---------------------|-------------------------------------|--|--|--|
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Debtor(s)                                   | Chapter             | 13                                  |  |  |  |
|      | DISCLOSURE OF COM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | MPENSATION OF ATTORN                        | NEY FOR DE          | BTOR(S)                             |  |  |  |
| 1.   | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. For compensation paid to me within one year before the rendered on behalf of the debtor(s) in contemporary.                                                                                                                                                                                                                                                                                                                                                                                                                 | he filing of the petition in bankruptcy, or | agreed to be paid   | to me, for services rendered or to  |  |  |  |
|      | For legal services, I have agreed to accept                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             | \$                  | 4,000.00                            |  |  |  |
|      | Prior to the filing of this statement I have rec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | reived                                      | \$                  | 1,550.00                            |  |  |  |
|      | Balance Due                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             | \$                  | 2,450.00                            |  |  |  |
| 2.   | \$ 310.00 of the filing fee has been paid.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                             |                     |                                     |  |  |  |
| 3.   | The source of the compensation paid to me was:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                             |                     |                                     |  |  |  |
|      | ■ Debtor □ Other (specify):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             |                     |                                     |  |  |  |
| 4.   | The source of compensation to be paid to me is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                             |                     |                                     |  |  |  |
|      | ■ Debtor □ Other (specify):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             |                     |                                     |  |  |  |
| 5.   | ■ I have not agreed to share the above-disclosed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | d compensation with any other person un     | less they are memb  | pers and associates of my law firm. |  |  |  |
|      | ☐ I have agreed to share the above-disclosed co copy of the agreement, together with a list of                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                             |                     |                                     |  |  |  |
| 6.   | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                             |                     |                                     |  |  |  |
|      | <ul> <li>a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;</li> <li>b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;</li> <li>c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;</li> <li>d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;</li> <li>e. [Other provisions as needed]</li> </ul> |                                             |                     |                                     |  |  |  |
| 7.   | By agreement with the debtor(s), the above-discle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | osed fee does not include the following se  | ervice:             |                                     |  |  |  |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CERTIFICATION                               |                     |                                     |  |  |  |
| this | I certify that the foregoing is a complete statemen bankruptcy proceeding.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | t of any agreement or arrangement for pa    | nyment to me for re | epresentation of the debtor(s) in   |  |  |  |
| ١,   | August 30, 2017                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | /s/ David Gallagher                         |                     |                                     |  |  |  |
| _    | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | David Gallagher                             |                     |                                     |  |  |  |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Signature of Attorney Upright Law LLC       |                     |                                     |  |  |  |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 79 West Monroe                              |                     |                                     |  |  |  |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Fifith Floor                                |                     |                                     |  |  |  |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Chicago, IL 60603<br>312-546-4264 Fax:      | 844-402-1128        |                                     |  |  |  |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | dgallagher@uprigh                           |                     |                                     |  |  |  |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Name of law firm                            | <u> </u>            |                                     |  |  |  |

### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

### RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

### (Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtor and the attorney that conflicts with this agreement is void.

### A. BEFORE THE CASE IS FILED

### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.

- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce).
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor, in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

## C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

### D. RETAINERS AND PREVIOUS PAYMENTS

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.

The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:

- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the Chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;

- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the Chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

### E. CONDUCT AND DISCHARGE

- 1. Improper conduct by the attorney. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

[Remaining page intentionally left blank.]

### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00.
- 2. In addition, the debtor will pay the filing fee required in the case and other expenses of \$310.00.
- 3. Before signing this agreement, the attorney has received, \$1,550.00 toward the flat fee, leaving a balance due of \$2,450.00; and \$0.00 for expenses, leaving a balance due for the filing fee of \$0.00.
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

Date: 8/30/17

Signed:

Stephen Foglio

David Gallagher

Attorney for the Debtor(s)

Debtor(s)

Do not sign this agreement if the amounts are blank.

19/2

Local Bankruptcy Form 23c

# **United States Bankruptcy Court**Northern District of Illinois

|       |                                           | 1 (of the H District of Himors                        |                      |                        |
|-------|-------------------------------------------|-------------------------------------------------------|----------------------|------------------------|
| In re | Stephen Foglio                            |                                                       | Case No.             |                        |
|       |                                           | Debtor(s)                                             | Chapter 13           | 3                      |
|       | V                                         | ERIFICATION OF CREDITOR M                             | IATRIX               |                        |
|       |                                           | Number of                                             | Creditors:           | 33                     |
|       | The above-named Debtor(s (our) knowledge. | s) hereby verifies that the list of credit            | tors is true and cor | rect to the best of my |
| Date: | August 30, 2017                           | /s/ Stephen Foglio Stephen Foglio Signature of Debtor |                      |                        |

Amex Correspondence Po Box 981540 El Paso, TX 79998

Anna Valencia City Clerk Chicago 121 N LaSalle Dr Chicago, IL 60602

Atg Credit Llc 1700 W Cortland St Ste 2 Chicago, IL 60622

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Atg Credit Llc 1700 W Cortland St Ste 2 Chicago, IL 60622

Atg Credit Llc 1700 W Cortland St Ste 2 Chicago, IL 60622

Atg Credit Llc 1700 W Cortland St Ste 2 Chicago, IL 60622

Capital One General Correspondence Po Box 30285 Salt lake City, UT 84130

Central Dupage Hospital 25 Winfield Rd, Winfield, IL 60190

Chase Card
Attn: Correspondence Dept
Po Box 15298
Wilmington, DE 19850

Citibank / Sears Citicorp Credit Services/Centralized Ban Po Box 790040 Saint Louis, MO 63179

Citibank/Sears Citicorp Credit Services/Attn: Centraliz Po Bopx 790040 Saint Louis, MO 63179

Citicard General Correspondence Po Box 6500 Sioux Falls, SD 57117

Citicards Cbna Citicorp Credit Svc/Centralized Bankrupt Po Box 790040 Saint Louis, MO 63179

Citicards Cbna Citicorp Credit Svc/Centralized Bankrupt Po Box 790040 Saint Louis, MO 63179

City of Chicago Deparment of Finance 33589 Treasury Center Chicago, IL 60694

Clearing Solutions 2764 N Green Valley Pkwy #258 Henderson, NV 89014

Discover Financial Po Box 3025 New Albany, OH 43054

Discover Financial Po Box 3025 New Albany, OH 43054 Fifth Third Bank Attn: Bankruptcy Department 1830 E Paris Ave Se Grand Rapids, MI 49546

Kohls/Capital One Kohls Credit Po Box 3043 Milwaukee, WI 53201

Med Business Bureau 1460 Renaissance Dr #400 Park Ridge, IL 60068

Merchants Credit 223 W Jackson Blvd Ste 700 Chicago, IL 60606

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Merchants Credit 223 W Jackson Blvd Ste 700 Chicago, IL 60606

Penny Foglio 30 Briarwood Court Schaumburg, IL 60194

Rahm Emaunel 121 N LaSalle Street Chicago, IL 60602 Synchrony Bank / HH Gregg Attn: Bankruptcy Po Box 956060 Orlando, FL 32896

Synchrony Bank / HH Gregg Attn: Bankruptcy Po Box 956060 Orlando, FL 32896

Target C/O Financial & Retail Srvs Mailstopn BT POB 9475 Minneapolis, MN 55440

Wells Fargo Bank Nv Na Po Box 31557 Billings, MT 59107